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**Child Care and Development Fund (CCDF) Plan**

**For:**

**Arkansas**

**FFY 2022 – 24**

This Plan describes the Child Care and Development Fund program to be administered by the state or territory for the period from 10/1/2021 to 9/30/2024, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to the applicable laws regardless of these modifications.

# Table of Contents

<b>Introduction and How to Approach Plan Development .....</b>	<b>4</b>
<b>1 Define Leadership and Coordination with Relevant Systems and Funding Sources .....</b>	<b>6</b>
1.1 CCDF Leadership .....	6
1.2 CCDF Policy Decision Authority .....	7
1.3 Consultation in the Development of the CCDF Plan.....	10
1.4 Coordination with Partners to Expand Accessibility and Continuity of Care .....	13
1.5 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds .....	17
1.6 Public-Private Partnerships .....	20
1.7 Coordination with Child Care Resource and Referral Systems .....	21
1.8 Disaster Preparedness and Response Plan.....	22
<b>2 Promote Family Engagement Through Outreach and Consumer Education .....</b>	<b>25</b>
2.1 Outreach to Families with Limited English Proficiency and Persons with Disabilities .....	25
2.2 Parental Complaint Process.....	26
2.3 Consumer Education Website.....	27
2.4 Additional Consumer and Provider Education .....	35
2.5 Procedures for Providing Information on Developmental Screenings.....	38
2.6 Consumer Statement for Parents Receiving CCDF Funds.....	40
<b>3 Provide Stable Child Care Financial Assistance to Families .....</b>	<b>41</b>
3.1 Eligible Children and Families .....	41
3.2 Family Contribution to Payments .....	50
3.3 Increasing Access for Vulnerable Children and Families .....	54
3.4 Continuity for Working Families .....	57
<b>4 Ensure Equal Access to Child Care for Low-Income Children .....</b>	<b>64</b>
4.1 Maximize Parental Choice and Implement Supply Building Mechanisms .....	64
4.2 Assess Market Rates and Analyze the Cost of Child Care.....	75
4.3 Establish Adequate Payment Rates .....	81
4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments .....	86
4.5 Establish Affordable Co-Payments.....	89
<b>5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings .....</b>	<b>91</b>
5.1 Licensing Requirements.....	92
5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers .....	94
5.3 Health and Safety Standards and Training for CCDF Providers .....	101
5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers.....	120
5.5 Comprehensive Background Checks .....	126
5.6 Exemptions for Relative Providers.....	135
<b>6 Recruit and Retain a Qualified and Effective Child Care Workforce .....</b>	<b>136</b>
6.1 Professional Development Framework .....	136
6.2 Training and Professional Development Requirements.....	139
6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF .....	

Quality Funds .....	142
6.4 Early Learning and Developmental Guidelines.....	150
<b>7 Support Continuous Quality Improvement.....</b>	<b>153</b>
7.1 Quality Activities Needs Assessment for Child Care Services.....	155
7.2 Use of Quality Funds .....	155
7.3 Quality Rating and Improvement System or Another System of Quality Improvement .....	157
7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers.....	161
7.5 Child Care Resource and Referral.....	171
7.6 Facilitating Compliance with State Standards.....	172
7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services 173	
7.8 Accreditation Support .....	173
7.9 Program Standards.....	175
7.10 Other Quality Improvement Activities.....	175
<b>8 Ensure Grantee Program Integrity and Accountability .....</b>	<b>176</b>
8.1 Internal Controls and Accountability Measures to Help Ensure Program Integrity .....	176
<b>Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form .....</b>	<b>192</b>

## Introduction and How to Approach Plan Development

The Child Care and Development Fund (CCDF) program provides resources to state, territory, and tribal grantees that enable low-income parents to work or pursue education and training so that they can better support their families while at the same time promoting the learning and development of their children. The CCDF program also provides funding to enhance the quality of child care for all children.

The CCDF Plan is how states and territories apply for CCDF funding (658E (a)) and is the primary mechanism that the Administration for Children and Families (ACF) uses to determine state and territory compliance with the requirements of the law and rule (98.16). ACF acknowledges that in the FY 2022 – 2024 Plan, states and territories may still be operating under approved waivers related to the COVID-19 pandemic and where appropriate plan responses should reflect the approved waivers. The CCDF Plan allows states and territories to describe their implementation of the CCDF program and it is organized into the following sections:

1. Define CCDF Leadership and Coordination with Relevant Systems and Funding Sources
2. Promote Family Engagement Through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to Child Care for Low-Income Children
5. Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings
6. Recruit and Retain a Qualified and Effective Child Care Workforce
7. Support Continuous Quality Improvement
8. Ensure Grantee Program Integrity and Accountability

These organizational categories reflect key goals of an integrated system of child care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine the need for technical assistance (TA), and determine compliance with specific requirements.

### *Citations*

ACF recognizes that Lead Agencies use different mechanisms to establish policies, such as state statute, regulations, administrative rules, or policy manuals or policy issuances. When asked to provide a citation in the CCDF Plan, Lead Agencies should list the citation(s) for the policy that clearly identifies and establishes the requirement and that allows the Lead Agency to enforce the requirement. Lead Agencies may list multiple sources as needed to cover all types of providers receiving CCDF (e.g., policies for licensed providers may be established in licensing regulations, and policies for license-exempt providers may be in subsidy rules). These citations are intended to provide documentation to support the requested information but not replace requested responses or descriptions.

*CCDF Plan Submission*

States and territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions on the ACF-118 site could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

(See <http://www.section508.gov/> for more information.)

In responding to questions, states and territories are asked to provide brief, specific summaries and/or bullet points only with specific language that responds to the question. Do not use tables or copy and paste charts, add attachments, or paste manuals into the Plan. All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing oversight and monitoring efforts.

DRAFT

## 1 Define Leadership and Coordination with Relevant Systems and Funding Sources

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

### 1.1 CCDF Leadership

The Governor of a state or territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the state or territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto (658D; 658E(c)(1) and 98.16 (a)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

#### 1.1.1 Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a) and 98.16(a)).

a. Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: **Arkansas Department of Human Services**

Street Address: **PO Box 1437, Slot S260, Little Rock, AR**

City: **Little Rock**

State: **Arkansas**

ZIP Code: **72203**

Web Address for Lead Agency: <https://humanervices.arkansas.gov/>

b. Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: **Cindy**

Lead Agency Official Last Name: **Gillespie**

Title: **Cabinet Secretary**

Phone Number: **501-682-8647**

Email Address: **Cindy.Gillespie@dhs.arkansas.gov**

1.1.2 Who is the CCDF Administrator?

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the state's or territory's CCDF program. ACF will send programmatic communications, such as program announcements, program instructions, and data collection instructions, to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the Co-Administrator or the person with administrative responsibilities and include his or her contact information.

a. CCDF Administrator Contact Information:

CCDF Administrator First Name: **Ivory**

CCDF Administrator Last Name: **Daniels**

Title of the CCDF Administrator: **CCDF Program Administrator**

Phone Number: **501-320-8927**

Email Address: **Ivory.Daniels@dhs.arkansas.gov**

b. CCDF Co-Administrator Contact Information (if applicable):

CCDF Co-Administrator First Name: **Thomas**

CCDF Co-Administrator Last Name: **Sheppard**

Title of the CCDF Co-Administrator: **Assistant Director**

Phone Number: **501-396-6158**

Email Address: **Thomas.Sheppard@dhs.arkansas.gov**

Description of the Role of the Co-Administrator: **The role of the Co-Administrator is to support the CCDF Administrator in the oversight of CCDF Programs.**

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program (658D(b) and 98.16(d)(1)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(i)(3)). Check one.

- ☒ a. All program rules and policies are set or established at the state or territory level.  
If checked, skip to question 1.2.2.

- ☐ b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply.
- i. Eligibility rules and policies (e.g., income limits) are set by the:
- ☐ A. State or territory
  - ☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set. [Click or tap here to enter text.](#)
  - ☐ C. Other. Describe: [Click or tap here to enter text.](#)
- ii. Sliding-fee scale is set by the:
- ☐ A. State or territory
  - ☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set. [Click or tap here to enter text.](#)
  - ☐ C. Other. Describe: [Click or tap here to enter text.](#)
- iii. Payment rates and payment policies are set by the:
- ☐ A. State or territory
  - ☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set. [Click or tap here to enter text.](#)
  - ☐ C. Other. Describe: [Click or tap here to enter text.](#)
- iv. Licensing standards and processes are set by the:
- ☐ A. State or territory
  - ☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set. [Click or tap here to enter text.](#)
  - ☐ C. Other. Describe: [Click or tap here to enter text.](#)
- v. Standards and monitoring processes for license-exempt providers are set by the:
- ☐ A. State or territory
  - ☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set. [Click or tap here to enter text.](#)
  - ☐ C. Other. Describe: [Click or tap here to enter text.](#)



vii. Quality improvement activities, including QRIS are set by the:

- ☐ A. State or territory
- ☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set. [Click or tap here to enter text.](#)
- ☐ C. Other. Describe: [Click or tap here to enter text.](#)

viii. Other. List and describe any other program rules and policies (e.g., quality rating and improvement systems [QRIS], payment practices) that are set at a level other than the state or territory level: [Click or tap here to enter text.](#)

1.2.2 The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility. Complete the table below to identify which entity(ies) implements or performs CCDF services.

a. Check the box to indicate which entity(ies) implement or perform CCDF services.

CCDF Activity	CCDF Lead Agency	TANF agency	Other state or territory agency	Local government agencies	CCR&R	Community-based organizations
Who conducts eligibility determinations?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who assists parents in locating child care (consumer education)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Who issues payments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who monitors licensed providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who monitors license-exempt providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who operates the quality improvement activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Other. List and describe any other partners that implement or perform CCDF services and identify their responsibilities. **Eligibility for families, are determined at the program level for Federal PreK, Foster Care, and Infant Toddler Programs.**

1.2.3 Describe the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.2. In the description include:

- Written agreements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include at a minimum

the elements below (98.11(a)(3)).

- Tasks to be performed
- Schedule for completing tasks
- Budget which itemizes categorical expenditures in accordance with CCDF requirements
- Monitoring and auditing procedures
- Indicators or measures to assess performance of those agencies (98.16(b))
- Any other processes to oversee and monitor other agencies.  
**The Division of Child Care and Early Childhood Education (DCCECE) works with external and internal entities to ensure quality performance for children and families. DCCECE works with the Office of Information Technology and our external partner, the Office of Program Integrity and Audit to ensure the proper use of CCDF funding. Our partners ensure that all funded programs reflect the goals of the division and comply with all CCDF regulations. DCCECE Program Coordinators are required to review cases monthly to ensure accuracy and provide corrective actions for cases with errors. Coordinators also conduct random on-site visits to review and ensure that CCDF case records contain proper documentation used to determine eligibility.**

1.2.4 Upon request, and to the extent practicable and appropriate, Lead Agencies must ensure any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available to other public agencies. This includes public agencies in other states, for their use in administering child care or related programs (98.15(a)(11)). Assure by describing how the Lead Agency makes child care information systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states. **Upon request, Arkansas's Department of Human Services (DHS) will gather the requested code base, package it with any other required files, and submit to the proper representative of the requestor.**

1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)). Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information. **All DCCECE staff are employed by the State of Arkansas's Department of Human Services (DHS) and must certify that they follow DHS Security and Privacy Policies. These policies conform to all federal requirements. DHS Security and Privacy Policies identifies what information can be disclosed.**

### 1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, which serves as the application for a 3-year implementation period. As part of the Plan development process, Lead Agencies must consult with the following:

- (1) Appropriate representatives of units of general purpose local government — (658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at [https://www.census.gov/newsroom/cspan/govts/20120301\\_cspan\\_govts\\_def3.pdf](https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def3.pdf).

- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

*Consultation* involves meeting with or otherwise obtaining input from an appropriate agency in the development of the state or territory CCDF Plan. Describe the partners engaged to provide services under the CCDF program as described in question 1.4.1.

1.3.1 Describe the Lead Agency's consultation efforts in the development of the CCDF Plan.

- a. Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments. **The draft CCDF Plan has been shared with collaborative partners across the state to obtain local community feedback including the five (5) regional Child Care Aware Resource and Referral Agencies and several government agencies.**
- b. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body. **DCCECE provided a draft of the CCDF Plan to each member of the Arkansas Early Childhood Commission/Statewide Advisory Council to obtain additional feedback. Commission members include representation from: various state and local education partners, health care professionals, mental health care professionals, child care and early childhood education providers, community leaders, parents, and Head Start.**
- c. Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for states to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place.  
[Click or tap here to enter text.](#)
- d. Describe any other entities, agencies, or organizations consulted on the development of the CCDF Plan. **DCCECE provided a draft of the CCDF Plan to the Division of Children and Family Services (DCFS), Department of Workforce Services (DWS), Child Care Resource and Referral Agencies, and the Head Start Collaboration Office during the development of the plan.**

1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)). Reminder: Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

- a. Date of the public hearing. **May 17, 2021**
- b. Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement). **May 17, 2021**
- c. Date of notice of public hearing (date for the notice of public hearing identified in (a)).  
Reminder: Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g., the date of the first notice,

the most recent notice or any date of notice that demonstrates this requirement).

**April 27, 2021**

- d. How was the public notified about the public hearing? Please include specific website links if used to provide notice. **The CCDF Public hearing notice was posted on our Arkansas Department of Human Services website. The website is accessible to the public. The hearing notice was also shared on our Provider Participant billing site and distributed by our Resource and Referral Networks. The public notice can be found using the following link: <https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/forms-documents/>**
  - e. Hearing site or method, including how geographic regions of the state or territory were addressed. **The Hearing was held via Zoom.**
  - f. How the content of the Plan was made available to the public in advance of the public hearing. (e.g., the Plan was made available in other languages, in multiple formats, etc.) **The CCDF Plan was posted on the agency's website.**
  - g. How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? **DCCECE reviews and considers all public comments for plan modification.**
- 1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program. (Additional information may be found at <https://www.acf.hhs.gov/occ/resource/pi-2009-01>.)
- a. Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed. <https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/forms-documents/>
  - b. Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.
    - ☒ Working with advisory committees. Describe: **The CCDF Plan and any amendments are shared with our Arkansas Early Childhood Commission.**
    - ☒ Working with child care resource and referral agencies. Describe: **The CCDF Plan and any amendments are shared with the public and child care resource and referral agencies through the agency's website.**
    - ☐ Providing translation in other languages. Describe: [Click or tap here to enter text.](#)
    - ☒ Sharing through social media (e.g., Twitter, Facebook, Instagram, email). Describe: **The link to the website link to locate the CCDF Plan was shared via the DHS Twitter, Facebook, and Instagram pages.**
    - ☒ Providing notification to stakeholders (e.g., provider groups, parent groups). Describe: **The CCDF Plan and any amendments are shared with all stakeholders through the agency's website.**
    - ☐ Other. Describe: [Click or tap here to enter text.](#)

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the federal, state/territory, and local levels for children in the programs listed below. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

This list includes agencies or programs required by law or rule, along with a list of optional partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services.

Include in the descriptions the goals of this coordination, such as:

- extending the day or year of services for families.
  - smoothing transitions for children between programs or as they age into school.
  - enhancing and aligning the quality of services for infants and toddlers through school-age children.
  - linking comprehensive services to children in child care or school-age settings.
  - developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings.
- a. The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.
- i. Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results: **A draft of the CCDF Plan was shared with our collaborative partners across the state to obtain local community feedback including the five (5) regional Child Care Aware Resource and Referral Agencies and several government agencies.**
  - ii. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination goals and process: **The Arkansas Early Childhood Commission was in place prior to the Head Start Act. The commission meets on a quarterly basis and establishes goals for DCCECE, including providing input on the CCDF Plan. While we do not have official representation, meetings are coordinated by the Lead Agency.**
    - ☐ Check here if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body.
  - iii. Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals and process, including which tribe(s) was consulted:  
[Click or tap here to enter text.](#)

☒ N/A— Check here if there are no Indian tribes and/or tribal organizations in the state.

- iv. State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Part B, Section 619 for preschool). Describe the coordination goals and process: **DCCECE staff serve on Arkansas's Inter-Agency Coordinating Council to address the needs of infants and toddlers with disabilities. DCCECE staff meets with the Department of Education/Special Education monthly to coordinate services in regard to part B. Children with special needs are considered a high priority for services and programs may receive higher reimbursement rates for children with disabilities.**
- v. State/territory office/director for Head Start state collaboration. Describe the coordination goals and process: **DCCECE works with the Head Start Collaboration Office to develop shared goals and plans to meet the needs of children and families.**
- vi. State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals and process: **DHS/DCCECE coordinate with providers and families directly to ensure children in child care facilities are referred and provided Early Periodic Screening Diagnosis Treatment (EPSDT) and Preventive Health Screens. Health screenings are provided by the Department of Health or by the family's medical professional. Families receiving Arkansas Medicaid are required to complete the EPSDT Health screenings. Additionally, DCCECE has representation on the Natural Wonders Partnerships Council (NWPC) hosted by Arkansas Children's Hospital and the Arkansas Department of Health (ADH) which has specific measurable goals and processes to increase immunizations, EPSDT rates, and access to dental care for children.**
- vii. State/territory agency responsible for employment services/workforce development. Describe the coordination goals and process: **DCCECE works with the Department of Workforce Services (DWS) to bring quality services to TANF families.**
- viii. State/territory agency responsible for public education, including Prekindergarten (PreK). Describe the coordination goals and process: **DCCECE works with the Arkansas Department of Education to develop shared goals and plans to meet needs of children and families.**
- ix. State/territory agency responsible for child care licensing. Describe the coordination goals and process: **DCCECE is responsible for administering child care licensing. The Child Care Licensing Unit and the CCDF Unit work in conjunction with one another daily.**
- x. State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals and process: **DCCECE is responsible for administering CACFP and working with the CCDF unit. We share a common commitment to providing families with high quality care and education for all children served in licensed care. Arkansas's Health and Nutrition program serves as a resource to licensed child care facilities to provide information and support so that children receive balanced and nutritious meals.**
- xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local

McKinney-Vento liaisons. Describe the coordination goals and process:

**DCCECE coordinates with child care providers and local agencies to provide services for families experiencing homelessness. DCCECE partners with the Arkansas Out of School Network (AOSN) to ensure that school days are optimized for successful transition and alignment across mixed delivery systems. Additionally, DCCECE collaborates with the TANF funded initiative “100 Families” assists families experiencing homelessness and other significant risk factors to ensure a successful transition into employment and/or educational programs.**

- xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals and process:  
**DCCECE works with Department of Workforce Services to help families work toward self-sufficiency through multiple programs, including the 100 Families initiative. Recipients receive child care assistance for approved work, job search, job readiness and educational services through Career Pathways of Arkansas.**
- xiii. Agency responsible for Medicaid and the state Children’s Health Insurance Program. Describe the coordination goals and process: **DCCECE staff serves on the Interagency Coordinating Council of which DHS Division of Medical Services is a key partner.**
- xiv. State/territory agency responsible for mental health. Describe the coordination goals and process: **DCCECE staff serves on the Interagency Coordinating Council with the Division of Behavioral Health Services to ensure the provision of public mental health and substance abuse prevention, treatment and recovery services are provided throughout the State of Arkansas. In addition, DCCECE partners with University of Arkansas for Medical Sciences (UAMS) who conduct mental health consultation services for CCDF children.**
- xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals and process: **DCCECE provides funding to five (5) Child Care Aware Resource and Referral Networks (CCR&R) across the state. Each agency is required to serve a defined region of the state. The CCR&R networks work in collaboration with DCCECE's other professional development contractors. Together, they provide training and technical assistance at no charge to child care providers and families. The contractors strive to educate the early care and education workforce and increase the quality of care for Arkansas's children.**
- xvi. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals and process: **To promote the goals established by the Arkansas Early Childhood Commission, DCCECE partners with a variety of public and private organizations such as, but not limited to, the Arkansas Out of School Network.**
- xvii. Agency responsible for emergency management and response. Describe the coordination goals and process: **Arkansas departments, agencies, commissions, and offices having roles in emergency response participate in preparedness and recovery. As provided in Arkansas Code Annotated § 12-75-116, each state agency has appointed an Emergency Management Liaison Officer (EMLO). The EMLO is Arkansas Department of Emergency Management’s (ADEM) point of contact at that agency. In addition, certain agencies have taken responsibility for coordination of an Emergency Support Function. Each of**



**these has a point of contact (ESF POC) who may or may not be the EMLO to ADEM. Many agencies appoint the same person to both positions.**

- b. The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.
- ☒ i. State/territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: **DCCECE has a successful partnership with Early Head Start-Child Care Partnership (EHS-CCP). DCCECE assists the partnerships by providing CCDF funding and eligibility training. Working with grantees and partners has increased our capacity to serve more infants and toddlers in high quantity settings. DCCECE is also an EHS-CCP grantee and has a team of employees to support this program.**
  - ☐ ii. State/territory institutions for higher education, including community colleges. Describe: **DCCECE collaborates with institutions of higher education. Higher education leaders provide professional development services to the early education field and actively participate on DCCECE state-level work groups. DCCECE meets monthly with the Arkansas Early Childhood Cohort, a group comprised of representatives from two and four-year colleges. The cohort initially formed to develop a set of common courses and core competencies to be included in the Associates of Applied Science (AAS) in Early Childhood Education degree. In addition, a representative from DCCECE attends monthly Deans' Council meetings and collaborates with the Arkansas Department of Higher Education.**
  - ☐ iii. Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: [Click or tap here to enter text.](#)
  - ☐ iv. State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe: **DCCECE partners with the Arkansas Department of Health, which receives federal grant funds to implement the Maternal Infant and Early Childhood Home Visiting (MIECHV) Program. DCCECE also refers qualifying families to this program.**
  - ☐ v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: [Click or tap here to enter text.](#)
  - ☐ vi. State/territory agency responsible for child welfare. Describe: **DCCECE collaborates with the DHS Division of Children and Family Services (DCFS) Program to ensure that children in foster care are placed in quality early learning environments.**
  - ☐ vii. State/territory liaison for military child care programs. Describe: [Click or tap here to enter text.](#)
  - ☐ viii. Provider groups or associations. Describe: [Click or tap here to enter text.](#)
  - ☐ ix. Parent groups or organizations. Describe:



**DCCECE partners with the Arkansas Head Start Collaboration Office to implement a Statewide Fatherhood Initiative and State Parent Advisory Council. In 2014, the Statewide Fatherhood Initiative was created to engage fathers in the well-being of their children. Resources and activities were implemented to improve fatherhood engagement in the state. As a result of this partnership, an Arkansas Guide for Promoting Family Engagement was created, Fatherhood Mentorship, and a High 5 for Dads Initiative that encourages dads to be more involved in their child's social-emotional, developmental, and educational endeavors.**

- ☐ x. Other. Describe: [Click or tap here to enter text.](#)

1.5 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

*Optional Use of Combined Funds:* States and territories have the option to combine CCDF funds with any required program in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)).

Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory Prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start – Child Care Partnerships: [https://www.acf.hhs.gov/sites/default/files/occ/acf\\_im\\_ohs\\_15\\_03.pdf](https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf)).

1.5.1 Does the Lead Agency choose to combine funding for CCDF services for any programs identified in 1.4.1 (98.14(a)(3))?

- ☐ No (If no, skip to question 1.5.2)
- ☒ Yes. If yes, describe at a minimum:

- a. How you define “combine” **The process of integrating funds from different sources (e.g., EHS-CCP and CCDF monies) to enhance the quality of services provided by local child care providers to parents and children who meet eligibility criteria.**
- b. Which funds you will combine? **EHS-CCP, Foster Care and CCDF**
- c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? **The purpose and expected outcomes for combining funds for EHS-CCP and CCDF are to: - Support communities in expanding high quality early learning and development opportunities for infants and toddlers - Support the EHS Program in making full-day services available for eligible children and families. - Assist in moving children from the CCDF waitlist, when applicable - Provide comprehensive services that benefit children, families, and teachers, including: higher health, safety and nutrition standards, increased professional development opportunities for teachers, increased parent engagement opportunities, health, developmental and behavioral screening. DCCECE also combines funds with Foster Care to ensure foster children receive high quality early learning opportunities.**
- d. How you will be combining multiple sets of funding, such as at the state/territory level, local level, program level? **Federal funds are combined with State General Revenue.**
- e. How are the funds tracked and method of oversight **Each program/service has a different funding code combination. The combination is used to ensure proper tracking of expenditures, and the coding guide is updated as needed. Reports are generated at least monthly, more frequently if needed and reconciled with invoices and claims. In addition, DCCECE is legislatively audited.**

- 1.5.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)? Check all that apply.

*Note:* The Lead Agency must check at least public and/or private funds as matching, even if Prekindergarten funds also will be used.

Use of PreK for Maintenance of Effort: The CCDF Final Rule clarifies that public PreK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate PreK and child care services to expand the availability of child care while using public Prekindergarten funds as no more than 20 percent of the state’s or territory’s maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for PreK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

Use of Private Funds for Match or Maintenance of Effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the CCDF child care program (98.55(f)).

- ☐ a. N/A—The territory is not required to meet CCDF matching and MOE requirements.
- ☒ b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state-

/territory-specific funds (tobacco tax, lottery), or any other public funds.

- i. If checked, identify the source of funds: **State General Revenue is used as matching.**
  - ii. If known, identify the estimated amount of public funds that the Lead Agency will receive: [Click or tap here to enter text.](#)
- ☐ c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).
  - i. If checked, are those funds:
    - ☐ A. Donated directly to the state?
    - ☐ B. Donated to a separate entity(ies) designated to receive private donated funds?
  - ii. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds: [Click or tap here to enter text.](#)
  - iii. If known, identify the estimated amount of private donated funds that the Lead Agency will receive: [Click or tap here to enter text.](#)
- ☐ d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement. If checked, provide the estimated percentage of the matching fund requirement that will be met with Prekindergarten expenditures (not to exceed 30 percent): **30%**
  - i. If the percentage is more than 10 percent of the matching fund requirement, describe how the state will coordinate its Prekindergarten and child care services:  
**The state PreK and the federal PreK programs are licensed by the agency. They share common goals with regards to quality. In some situations, they share facilities and classrooms.**
  - ii. If known, identify the estimated amount of Prekindergarten funds that the Lead Agency will receive for the matching funds requirement:  
[Click or tap here to enter text.](#)
  - iii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:  
**State funded PreK Programs receive information about the child care voucher program to assist parents in providing wrap-around services to extend hours of service to meet the needs of working families. The state funded PreK programs are mandated to provide service 178 days annually and 7.5 hours daily. Programs may be reimbursed for up to 10 holidays per calendar year. Children of working parents may receive after-care in the same setting or may be transported by the program to another care program. Vouchers are an available option for extending care. The state funded programs are encouraged to offer extended care and care during summer months for working families.**

- ☒ e. State expenditures for Prekindergarten programs are used to meet the CCDF maintenance-of-effort requirements. If checked,
- i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6). [Click or tap here to enter text.](#)
  - ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents: **State funded PreK Programs receive information about the child care voucher program to assist parents in providing wrap-around services to extend hours of service to meet the needs of working families. The state funded PreK programs are mandated to provide service 178 days annually and 7.5 hours daily. Programs may be reimbursed for up to 10 holidays per calendar year. Children of working parents may receive after-care in the same setting or may be transported by the program to another care program. Vouchers are an available option for extending care. The state funded programs are encouraged to offer extended care and care during summer months for working families.**
  - iii. Estimated percentage of the MOE Fund requirement that will be met with Prekindergarten expenditures (not to exceed 20 percent):  
**20%**
  - iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care: **Both programs are monitored by the division and share common goals regarding quality. There are also some programs that share facilities and individual classrooms.**
  - v. If known, identify the estimated amount of Prekindergarten funds that the Lead Agency will receive for the MOE Fund requirement:  
[Click or tap here to enter text.](#)

#### 1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

- 1.6.1 Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)). **DCCECE has a public-private contract established with Save the Children (STC). STC provides programming for at-risk families with a focus on language and literacy development in the home and in preschool classrooms. During the first year of the public-private partnership, STC served 350 unique children through their “Early Steps” program with plans to expand in year 2. In response to the COVID 19 pandemic, STC modified their programming to ensure the safety of the families and educators. This included expanding the available online/virtual resources and providing tangible items (meal bags, books, educational activities, etc.) for families to use in the home.**

1.7 Coordination with Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the state with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.

- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the state.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

Nothing in the statute or rule prohibits states from using CCR&R agencies to conduct or provide additional services beyond those required by statute or rule.

*Note:* Use 1.7.1 to address if a state/territory funds a CCR&R organization, describe what services are provided and how it is structured. Use section 7.5.2 to address the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

1.7.1 Does the Lead Agency fund local or regional CCR&R organizations?

- ☐ No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.
- ☒ Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:

How are CCR&R services organized? Include how many agencies, if there is a statewide network, and if the system is coordinated: **DCCECE oversees the Arkansas Child Care Aware Resource and Referral Network and maintains a seat on the national State Network Leadership Council. DCCECE contracts with five CCR&R agencies with 13 offices across the state that together form Arkansas's network. Each CCR&R agency is responsible for providing services to a specific region of the state to include: professional development, technical assistance, and a lending library of educational materials. The CCR&Rs offer a variety of trainings including Pre-Licensing, Ages and Stages Questionnaires, Family Child Care Business Management, Family Engagement and Nutrition and Physical Activity Self-Assessment for Child Care.**

1.8 Disaster Preparedness and Response Plan

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford

Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122) —through a Statewide Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

- 1.8.1 Identify when the Statewide Child Care Disaster Plan was last updated. Please consider any changes that were made as a result of the Lead Agency's experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)
- a. When was the most recent update to the Statewide Disaster Plan?  
**September 1, 2020**
  - b. Did you collaborate with the any of the required entities in updating the plan? If yes, identify those entities: **The Lead Agency collaborated on a statewide plan, known as the Arkansas Comprehensive Emergency Management Plan (ARCEMP), with the Arkansas Department of Emergency Management (ADEM), Federal Emergency Management Agency, and additional state agencies. A formal Division of Child Care and Early Childhood Education (DCCECE) Disaster Plan is being developed collaboratively between the Family Support Unit, which administers the CCDF Program, Licensing Unit, and Health and Nutrition Unit.**
  - c. Describe the elements of the plan that were updated: **An updated list of changes is available in the Arkansas Comprehensive Emergency Management Plan on pages V and VI. The plan can be found at the following link: <https://www.dps.arkansas.gov/wp-content/uploads/2020/09/ARCEMP-28Sept2020-Final-3.pdf>**  
**Element changes included: Emergency Support Functions updates and resource updates. In addition, the DCCECE Disaster Team is developing an agency-specific plan which addresses how the agency will work with local, state, and federal partners during a disaster to ensure the safety of licensed child care facilities during a disaster.**

1.8.2 To demonstrate continued compliance with the required elements in the Statewide Disaster Plan, certify by checking the required elements included in the current State Disaster Preparedness and Response Plan.

- ☒ a. The plan was developed in collaboration with the state human services agency, the state emergency management agency, the state licensing agency, the state health department or public health department, local and state child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
- ☒ b. The plan includes guidelines for the continuation of child care subsidies.
- ☒ c. The plan includes guidelines for the continuation of child care services.
- ☒ d. The plan includes procedures for the coordination of post-disaster recovery of child care services.
- e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
  - ☒ i. Procedures for evacuation
  - ☒ ii. Procedures for relocation
  - ☒ iii. Procedures for shelter-in-place
  - ☒ iv. Procedures for communication and reunification with families
  - ☒ v. Procedures for continuity of operations
  - ☒ vi. Procedures for accommodations of infants and toddlers
  - ☒ vii. Procedures for accommodations of children with disabilities
  - ☒ viii. Procedures for accommodations of children with chronic medical conditions
- ☒ f. The plan contains procedures for staff and volunteer emergency preparedness training.
- ☒ g. The plan contains procedures for staff and volunteer practice drills.

1.8.3 Provide the link to the website where the statewide child care disaster plan is available:

**<https://www.dps.arkansas.gov/wp-content/uploads/2020/09/ARCEMP-28Sept2020-Final-3.pdf> and [https://humanservices.arkansas.gov/wp-content/uploads/Child\\_Care\\_Emergency\\_Plan-1.pdf](https://humanservices.arkansas.gov/wp-content/uploads/Child_Care_Emergency_Plan-1.pdf)**



## 2 Promote Family Engagement Through Outreach and Consumer Education

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to “promote involvement by parents and family members in the development of their children in child care settings” (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. OCC expects that Lead Agencies are using targeted strategies for each group to ensure tailored consumer education information. In this section, Lead Agencies will address how information is made available to families to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children’s development, including their social-emotional development, is shared.

This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

### 2.1 Outreach to Families with Limited English Proficiency and Persons with Disabilities

The Lead Agency is required to describe how it provides outreach and services to eligible families with limited English proficiency and persons with disabilities and to facilitate the participation of child care providers with limited English proficiency and child care providers with disabilities in the CCDF program (98.16(dd)). Lead Agencies are required to develop policies and procedures to clearly communicate program information, such as requirements, consumer education information, and eligibility information, to families and child care providers of all backgrounds (81 FR 67456).

#### 2.1.1 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. Check all that apply.

- ☒ a. Application in other languages (application document, brochures, provider notices)
- ☒ b. Informational materials in non-English languages
- ☒ c. Website in non-English languages
- ☒ d. Lead Agency accepts applications at local community-based locations
- ☒ e. Bilingual caseworkers or translators available
- ☒ f. Bilingual outreach workers
- ☒ g. Partnerships with community-based organizations
- ☐ h. Other. Describe: [Click or tap here to enter text.](#)

2.1.2 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families with a person(s) with a disability. Check all that apply.

- ☐ a. Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- ☐ b. Websites that are accessible (e.g., Section 508 of the Rehabilitation Act)
- ☐ c. Caseworkers with specialized training/experience in working with individuals with disabilities
- ☒ d. Ensuring accessibility of environments and activities for all children
- ☒ e. Partnerships with state and local programs and associations focused on disability-related topics and issues
- ☒ f. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers
- ☒ g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- ☒ h. Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children
- ☐ i. Other. Describe: [Click or tap here to enter text.](#)

2.2 Parental Complaint Process

The Lead Agency must certify that the state/territory maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request (658E(c)(2)(C); 98.15(b)(3)). Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request (98.16 (s); 98.32(d)).

- 2.2.1 Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:
- Parents may submit complaints to the Division of Child Care and Early Childhood Education by:**
- calling 501-682-8590 or
  - using the agency's website located here: <https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/contact-dccece/>

- 2.2.2 For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring and highlight any differences in processes for CCDF and non-CCDF providers: **When a report is received alleging abuse or neglect, the reporter is encouraged to call the Arkansas Child Abuse Hotline at 1-800-482-5964. If the reporter does not wish to make the call, DCCECE staff will call the Hotline. If the report involves a violation of minimum licensing requirements, licensing staff investigates to determine the validity of the allegations and to make sure corrective action is implemented. Complaints not related to abuse, neglect, exploitation, or minimum licensing requirements are evaluated by DCCECE Family Support Unit. The unit will respond to the complaint and work with the provider to address any issues identified. The processes are the same for both CCDF and non-CCDF providers.**
- 2.2.3 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints: **Records of complaints, inspections, and investigations regarding providers are maintained in the Child Care Licensing Automated Support System (CCLAS).**
- 2.2.4 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in: **The agency's website provides public knowledge of all information, including complaint history, inspections and investigations for any licensed facility in the state. The agency's website:** <https://dhs.arkansas.gov/dccece/cclas/FacilitySearch.aspx>
- 2.2.5 Provide the citation to the Lead Agency's policy and process related to parental complaints: **DCCECE has the authority to investigate all complaints. This is Regulation 103.8.b in the Minimum Licensing Requirements for Child Care Centers located here:** <https://dhs.arkansas.gov/dccece/cclas/FacilitySearch.aspx>. **For Child Care Family Homes, Regulation 103.5.b address investigations and can be located here:** <https://humanservices.arkansas.gov/wp-content/uploads/2020-Child-Care-Family-Home.pdf>
- 2.3 Consumer Education Website
- States and territories are required to provide information to parents, the general public, and when applicable, child care providers through a state website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III) and 98.33 (a)). The website must include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers. The website information must also include provider-specific information, monitoring and inspection reports for the provider, and the quality of each provider (if such information is available for the provider) (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To assist families with any additional questions, the website should provide contact information for local child care resource and referral organizations and any other agencies that can assist families in better understanding the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the link to the consumer education website in 2.3.11.

Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

- 2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies
- 2.3.2 may consider easily accessible websites are searchable, simple to navigate, written in plain language, and easy to understand.): **The agency's Consumer Education website is easily accessible in plain language for parents to understand. DCCECE works with the agency's communications team and its contractor to ensure that language is the appropriate grade level. The agency's website: <https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/>**
- 2.3.3 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)): **The agency's website includes shared services from all divisions within DHS which includes options for other languages for specific divisions. The agency provides an Interpreter call line for interpretations in any language which may be utilized by DCCECE staff to provide assistance to non-English speaking families. DCCECE has two staff who provide outreach for Spanish speaking families. Liaisons have been developed with community organizations that serve the Hispanic populations to educate members on child care assistance that may be available as funding permits and to ensure that those currently served are communicated with in a culturally competent manner. Forms are available on our website in Spanish as well.**
- 2.3.4 Describe how the website ensures the widest possible access to services for persons with disabilities: **The agency's website includes shared services from all divisions within DHS. All services provided on the Consumer Education website are available to anyone seeking assistance. Information on the website is shared with families, who may need child care assistance and conforms to those who have disabilities. The website is at: <https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/contact-dccece/>**
- 2.3.5 Provide the specific website links to the descriptions of the Lead Agency's processes related to child care.
- A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a)(1)). This information includes a description of how the state/territory licenses child care, a rationale for exempting providers from licensing requirements, the procedure for conducting monitoring and inspections of providers, and the policies and procedures related to criminal background checks.
- Provide the link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2: <https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/division-policies/>
  - Provide the link to the procedure for conducting monitoring and inspections of child care providers, as described in subsection 5.4: <https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/division-policies/>
  - Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.2

and 5.5.4: <https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/division-policies/>

- 2.3.6 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

- a. Provide the website link to the list of child care providers searchable by ZIP code:  
<https://dhs.arkansas.gov/dccece/cclas/FacilitySearch.aspx>
- b. In addition to the licensed providers that are required to be included in your searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers (please check all that apply)?
  - ☐ i. License-exempt center-based CCDF providers
  - ☐ ii. License-exempt family child care (FCC) CCDF providers
  - ☒ iii. License-exempt non-CCDF providers
  - ☐ iv. Relative CCDF child care providers
  - ☐ v. Other. Describe: [Click or tap here to enter text.](#)
- c. Identify what informational elements, if any, are available in the searchable results. Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All Licensed Providers	License-Exempt CCDF Center-based Providers	License-Exempt CCDF Family Child Care Providers	License-Exempt Non-CCDF Providers	Relative CCDF Providers
Contact Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Years in operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- d. Other information included for:

- ☐ i. Licensed providers. [Click or tap here to enter text.](#)
- ☐ ii. License-exempt, non-CCDF providers. [Click or tap here to enter text.](#)
- ☐ iii. License-exempt CCDF center-based providers. [Click or tap here to enter text.](#)
- ☐ iv. License-exempt CCDF family child care. [Click or tap here to enter text.](#)
- ☐ v. Relative CCDF providers. [Click or tap here to enter text.](#)

2.3.7 Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.

- a. How does the Lead Agency determine quality ratings or other quality information to include on the website?
  - ☒ i. Quality rating and improvement system
  - ☐ ii. National accreditation
  - ☐ iii. Enhanced licensing system
  - ☒ iv. Meeting Head Start/Early Head Start Program Performance Standards
  - ☒ v. Meeting Prekindergarten quality requirements
  - ☒ vi. School-age standards, where applicable
  - ☐ vii. Other. Describe: [Click or tap here to enter text.](#)
- b. For what types of providers are quality ratings or other indicators of quality available?

- ☒ i. Licensed CCDF providers. Describe the quality information:  
**Arkansas's CCDF Participant Agreement with licensed CCDF Providers states that all newly licensed CCDF Providers must meet a minimum Better Beginnings level (2) QRIS to qualify for CCDF reimbursements.**
- ☒ ii. Licensed non-CCDF providers. Describe the quality information:  
**Licensed non-CCDF Providers are not required to participate in our QRIS system and are not eligible for CCDF reimbursements.**
- ☐ iii. License-exempt center-based CCDF providers. Describe the quality information:  
[Click or tap here to enter text.](#)
- ☐ iv. License-exempt FCC CCDF providers. Describe the quality information:  
[Click or tap here to enter text.](#)
- ☐ v. License-exempt non-CCDF providers. Describe the quality information:  
[Click or tap here to enter text.](#)
- ☐ vii. Relative child care providers. Describe the quality information:  
[Click or tap here to enter text.](#)
- ☐ viii. Other. Describe: [Click or tap here to enter text.](#)

2.3.8 Lead Agencies must post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services. These reports must include the results of required annual monitoring visits, and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the state does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit (e.g., by posting a blank checklist used by monitors).

The reports must be in plain language or provide a plain language summary, as defined by the state or territory, and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports.

Certify by responding to the questions below:

- a. Does the Lead Agency post? (check one or both):
  - ☐ i. Full monitoring reports that include areas of compliance and non-compliance.
  - ☒ ii. Full monitoring reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors).



- b. Check to certify that the monitoring and inspection reports and/or their plain language summaries include:
- ☒ Date of inspection
  - ☒ Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: **The deficiencies cited clearly state the rule that was violated. Serious injuries and deaths are also investigated, and all associated deficiencies are cited. This information appears on the agency's website.**
  - ☒ Corrective action plans taken by the state and/or child care provider. Describe: **In some cases the provider is allowed to submit a corrective action plan that details what action will be taken to correct the issue of compliance. However, for serious health and safety violations the division can take administrative actions against the program, ranging from a written reprimand to a license suspension if there is an immediate and present danger to children.**
  - ☒ A minimum of 3 years of results
- c. How and where are reports posted in a timely manner? Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports and/or summaries are posted within its timeframe. Note: While Lead Agencies may define "timely," we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken. **To allow providers time to request an appeal, deficiencies are not posted until 60 days after the citations.**
- i. Provide a website link to where the reports are posted.  
<https://dhs.arkansas.gov/dccece/cdas/FacilitySearch.aspx>
  - ii. Describe how reports are posted in a timely manner and how the Lead Agency defines timely. **All reports are posted to the agency's website 60 days after the date of the inspection.**
- d. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).
- i. Provide the Lead Agency's definition of plain language. **The Agency defines plain language as information that is easily searched, easily understood, and provided in such a way that any parent can readily know the history of any licensed facility within the state.**
  - ii. Describe how the monitoring and inspection reports or the summaries are in plain language. **The monitoring and inspection reports list the regulation that was in violation and provide a description of the regulation itself.**
- e. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)). **Any inaccuracies are brought to the attention of the immediate supervisor, verified, and corrected timely if appropriate.**
- f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:



- filing the appeal
  - conducting the investigation
  - removal of any violations from the website determined on appeal to be unfounded.
- Providers must request to appeal adverse action within 10 days and non-adverse action within 20 days from the date the action was taken. The appealed action would not appear on the agency's website until the appeal process has been exhausted.**

- g. Describe the process for maintaining monitoring and inspection reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)). **Reports are maintained on the website for 3 years.**

- 2.3.9 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.53(a)(5)). The serious incident aggregate data should include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g. centers, family child care homes, and in-home care) and licensing status (i.e. licensed or license-exempt) for all eligible CCDF providers in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information should also include total number of children in care by provider type and licensing status, so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

- a. Certify by providing:
- i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity. **These occurrences must be reported to the Child Care Licensing Unit within one business day and are tracked by the unit for reporting purposes.**
  - ii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement. **Substantiated child abuse is defined as any allegation of suspected child maltreatment that is investigated and found to be true by the Division of Children and Family Services or the Arkansas State Police Crimes Against Children Division, the entities charged with making this determination.**
  - iii. The definition of "serious injury" used by the Lead Agency for this requirement. **Serious injuries are defined as any injuries that require medical attention.**
- b. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.

- ☒ i. the total number of serious injuries of children in care by provider category/licensing status
  - ☒ ii. the total number of deaths of children in care by provider category/licensing status
  - ☒ iii. the total number of substantiated instances of child abuse in child care settings
  - ☐ iv. the total number of children in care by provider category/licensing status
- c. Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.  
<https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/help-paying-for-child-care/>
- 2.3.10 The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information: **Child Care Aware of Arkansas helps parents and families find high-quality child care centers in their community and offers support and guidance. The Child Care Aware Area Map and contact list are provided on the website:** <https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/help-paying-for-child-care/>
- 2.3.11 The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information: **Contact information is listed at the bottom of the website. The phone number listed is a direct line to the Child Care Licensing Unit.** <https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/>

- 2.3.12 Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes. <https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/>

2.4 Additional Consumer and Provider Education

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care providers. Outreach and counseling can also be effectively provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.4.1 through 2.4.5, certify by describing:

- 2.4.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state Prekindergarten, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences. **DCCECE works with Arkansas Better Chance (the state's PreK program), Head Start, and Child Care Aware to provide information to families regarding available resources. We share information to ensure families understand the availability of child care assistance and Prekindergarten Programs. If CCDF is unavailable or if a family is ineligible, staff works together to ensure that eligible families are served through Early Head Start, Head Start or the state's PreK program where appropriate. Applications for child care assistance, child care information, and materials on how to choose a child care provider are available online at the agency's website: <https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/>. Applications are also available at county DHS offices. The website and resource information are listed on all applications and may be shared directly with families.**
- 2.4.2 How does the Lead Agency provide the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in providing this information.
- Temporary Assistance for Needy Families program: **The Division of Child Care and Early Childhood Education (DCCECE) works with our TANF Agency, Department of Workforce Services (DWS) to provide information to parents, the general public, and providers. Information may also be provided during contact with families.**
  - Head Start and Early Head Start programs: **The Division of Child Care and Early Childhood Education (DCCECE) works with our Head Start Collaboration Office and Head Start Agencies across the state. A representative from Head Start sits on our State Advisory Council. DCCECE Family Support Specialists works with parents and Head Start Programs to place eligible children in programs. Information may also be provided during contact with families.**

- c. Low Income Home Energy Assistance Program (LIHEAP): NA
- d. Supplemental Nutrition Assistance Program (SNAP): NA
- e. Women, Infants, and Children Program (WIC) program: NA
- f. Child and Adult Care Food Program (CACFP): NA
- g. Medicaid and Children's Health Insurance Program (CHIP): NA
- h. Programs carried out under IDEA Part B, Section 619 and Part C:  
NA

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2.4.3 Describe how the Lead Agency makes information available to parents, providers and the general public on research and best practices concerning children’s development, including physical health and development, particularly healthy eating and physical activity and information about successful parent and family engagement. The description should include:

- what information is provided
- how the information is provided
- how the information is tailored to a variety of audiences, including:
  - parents
  - providers
  - the general public
- any partners in providing this information

Description: **DCCECE provides information to parents, providers, and the general public via the agency’s website, verbally and electronically. The information includes, but is not limited to program availability, information on high-quality early childhood education, checklist of items to look for in a high-quality setting, and information to make the appropriate referrals for any additional needs the family may have. DCCECE also works directly with providers by conducting trainings and by sending emails with critical information that can be shared with families regarding child development, healthy eating, physical activity, and other relevant topics as issues arise. Additionally, DCCECE contracts with a Communications Group to update a consumer education website with parent information on high-quality care, child development, and resources (<https://arbetterbeginnings.com/parents-families>) and has their own parent information section on Arkansas’s Department of Human Services COVID information website (<https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/important-covid-related-information/>). Providers and parents can also find the full evidence based document “Child Development and Early Learning Standards: Birth – 60 months” on the DCCECE website (<https://humanservices.arkansas.gov/wp-content/uploads/AR-Early-Learning-Standards-2016-1-1.pdf>). To supplement the online resources, DCCECE has several contracted partners whose scope of work addresses family engagement and parental involvement. Contracted partners include: Arkansas State University, Arkansas Head Start, Child Care Aware, Howard Dawson Educational Cooperative, Reach Out and Read, University of Arkansas at Fort Smith, University of Arkansas at Little Rock, University of Arkansas at Fayetteville, the University of Arkansas for Medical Sciences, and Zero to Three. Their trainings are based on the philosophy of helping child care providers promote positive parenting and healthy social-emotional development in children by implementing protective factors in early childhood education programs. Partnerships exist to assist programs with a high number of children on subsidy gain access to programs that help with learning strategies to conduct effective family meetings while providing several evidence-based resources for instruction on parenting. Also, DCCECE has implemented a requirement whereby parents must complete a parent education activity during their 12-month authorization period. These “Parent Workshops” are available in all regions of the state or online. Workshops are hosted by our Child Care Aware partners and cover a wide variety of topics such as: Parent Emotional Health and Self-care, Child Social Emotional Development, Physical Development, Health and Safety in the Home, etc. The Child Care Aware partners propose new workshops as needs arise.**

- 2.4.4 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and early childhood mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include what information is provided, how the information is provided, and how information is tailored to a variety of audiences, and include any partners in providing this information. **Information is available on the Division of Child Care and Early Childhood Education (DCCECE) website regarding social/emotional development and behavior challenges. If a provider is experiencing behavioral challenges, a referral can be made to Arkansas's Behavior Help Support System at <https://behaviorhelponline.org/>. Information regarding the Behavior Help Support System can be found at <https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/financial-assistance-and-resources-for-providers/>. Once a referral is made to the Behavior Help Support System, DCCECE will assign the case to a Technical Assistance provider (AState Childhood Services) or an Early Childhood Mental Health Consultation provider (University of Arkansas for Medical Sciences – Project PLAY) which will provide the support to the classroom and referring agency. Communication regarding the Behavior Help Support system is done via email, on the child care billing website, and at provider trainings. Additionally, there is a parent training module on this topic as part of the CCDF required parent trainings. DCCECE has adopted the Center on Social and Emotional Foundations for Early Learning Pyramid Model which is focused on promoting the social emotional development and school readiness of young children aged birth to 5. DCCECE contracted with multiple partners to develop aid to providers on the implementation of the Pyramid Model. Through our contracted partners DCCECE offers professional development such as: TIPS, Naptime Academy, PreK SEL, Strengthening Families and Caring Conversations Cafes focused on building parent/provider relationships. Additionally, DCCECE has made a contracted investment in the ARRAY Social Emotional Learning continuum. The ARRAY continuum was developed to coach programs and build the systemic capacity of programs to better implement developmentally appropriate social emotional learning practices. The ARRAY continuum has launched in central Arkansas with plans to launch in all five regions in the upcoming 3 years.**
- 2.4.5 Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public. **DCCECE aligned CCDF policies with the state funded PreK program policies on the prevention of suspension and expulsion of young children. As a response to the 2016 directive on preventing suspension and expulsion, Arkansas created the Behavior Help Support System which launched on July 1, 2016. Any Arkansas citizen can refer any child being served in a licensed program in the State of Arkansas to the Behavior Help Support System. Professional development contractors have been used to develop and implement training, education, coaching, and mental health consultation surrounding the prevention of suspension and expulsion. Information is shared with families, providers, and agency partners through multiple approaches including meetings, family engagement functions, Child Care Aware partnerships, DCCECE Family Support Specialists and Child Care Licensing Specialists.**
- 2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings, including information on resources and services that the state can deploy, such as the use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)).

2.5.1 Certify by describing:

- a. How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)).  
**The Division of Child Care and Early Childhood Education partners with state entities to collect and disseminate information on existing resources and services available for conducting developmental screenings. All CCDF parents, the general public, and child care providers have access to this information. This information can also be found by visiting <https://argis.ualr.edu/aecamrg/search.php>**
- b. The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).  
**Child care facilities are required by The Individuals with Disabilities Education Act (IDEA) to refer a child that may have developmental delays or disabilities to the right agency for help. However, if the child is under the age of 3, the provider should contact First Connections. The website for First Connections: <https://dhs.arkansas.gov/dds/firstconnectionsweb/#fc-home>. If the child is 3-21 years of age, the provider should contact the Arkansas Department of Education Special Education Unit or their local educational cooperative for assistance. The website for the Arkansas Department of Education Special Education Unit: <https://dese.ade.arkansas.gov/Offices/special-education/early-childhood-special-education/child-find>.**
- c. How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work. **Information on how to access available resources and services to obtain developmental screenings is available on division's consumer education website. This website is provided to all CCDF families on the application for child care assistance.**
- d. How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays. **Trainings are made available through our contractors. A list of**

**trainings for all providers can be found on our Professional Development Registry (PDR). This information may also be shared with families by our contactors.**

- e. How child care providers receive this information through training and professional development. **DCCECE contracts with state partners to provide training and professional development to providers on what steps to take if delays are suspected. In addition, providers may reach out to their Child Care Licensing Specialists for support and resources for children with special needs.**
- f. Provide the citation for this policy and procedure related to providing information on developmental screenings. **Section 1400 on the Minimum Licensing Requirements for Child Care addresses special needs including developmental screenings and IDEA requirements. The manual can be located here: <https://humanservices.arkansas.gov/wp-content/uploads/2020-Child-Care-centers.pdf> Additionally, the Minimum Licensing Requirements for Child Care Family Homes address special needs including developmental screenings and IDEA requirements in Section 1400. The manual can be located here: <https://humanservices.arkansas.gov/wp-content/uploads/2020-Child-Care-Family-Home.pdf>**

## 2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider how to ensure that the statement is accessible to parents and that parents have a way to contact someone to address questions they have.

### 2.6.1 Certify by describing:

- a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected. **Families may access Consumer Education materials and the health and safety record of providers at any time by visiting our website. The website is provided at the bottom of the child care application checklist and in the family's rights and responsibilities which are reviewed with CCDF family during the initial interview.**
- b. To demonstrate continued compliance with the consumer statement requirements, certify by checking below the specific information provided to families either in hard copy or electronically.



- ☒ Health and safety requirements met by the provider
  - ☐ Licensing or regulatory requirements met by the provider
  - ☒ Date the provider was last inspected
  - ☒ Any history of violations of these requirements
  - ☒ Any voluntary quality standards met by the provider
  - ☐ How CCDF subsidies are designed to promote equal access
  - ☒ How to submit a complaint through the hotline
  - ☒ How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care
- c. Provide a link to a sample consumer statement or a description if a link is not available.  
<https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/help-paying-for-child-care/>

### 3 Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination period, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of no fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. In addition, the Lead Agency is also required to describe procedures for the enrollment of children experiencing homelessness and, if applicable, children in foster care.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local Prekindergarten, and other collaborative programs to finish the program year or, similarly, parents enrolled in school can have eligibility extended to allow parents to finish their school year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency improves access for vulnerable children and families. This section also addresses the policies that protect working families and determine a family's contribution to the child care payment.

#### 3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the state's median income for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a) (658P(4)).

3.1.1 Eligibility criteria: Age of children served

- a. The CCDF program serves children from **Birth** (weeks/months/years) through **12** years (under age 13). *Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).*
- b. Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care (658E(c)(3)(B); 658P(3))?  
☐ No  
☒ Yes, and the upper age is **18** (may not equal or exceed age 19). If yes, provide the Lead Agency definition of physical and/or mental incapacity:  
A child who has a physical or mental condition which substantially limits one or more major life activities, who has a record of or is regarded as having such an impairment, or has been diagnosed by a licensed medical or psychological practitioner.
- c. Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are under court supervision ((658P(3); 658E(c)(3)(B)))?  
☐ No  
☒ Yes, and the upper age is **18** (may not equal or exceed age 19).
- d. How does the Lead Agency define the following eligibility terms?
  - i. “residing with”: **Living with or in a household with a parent, custodian, or legal guardian or other individual standing in loco parentis**
  - ii. “in loco parentis”: **A person having physical custody of the child. The person is standing in the role of the parent of a minor, without having gone through a formal process and has responsibility for the child.**

3.1.2 Eligibility criteria: Reason for care

- a. How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?
  - i. “Working” (including activities and any hour requirements):  
**Working is defined as actively engaging in employment for cash, check, or in-kind payments. Arkansas continuously monitors the eligibility work requirements per programs. Programs with an hour requirement ranges from 20 hours or income ineligible for TEA (\$223 per month) or up to 30 hour or more.**
  - ii. “Job training” (including activities and any hour requirements):  
**Job training is defined as an activity for building skill sets that enhance the employability that leads to self-sufficiency. Families are required to attend a Job Training program full-time or a combination of part-time work and part-time Job Training. Arkansas’ full-time job training program hour requirements are defined by the institution.**
  - iii. “Education” (including activities and any hour requirements):  
**Education is defined as receiving systemic instructions at a high school, high school equivalency program, drug treatment program, job training program, or at a two- or four-year university. Families are required to attend an educational program full-time or**

**a combination of part-time work and part-time Education. Arkansas' full-time Educational program hour requirements are defined by the institution.**

- iv. Attending (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework): **Arkansas will authorize up to fifty (50) hours of child care assistance per week for any eligible applicant who participates in the following, to include but not limited to study groups, lab experience, time for outside class study or completion of work. Additional time may be approved if proper documentation is provided to show the need.**

- b. Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

Describe the policy or procedure, including the additional work requirements. :

**Yes. Arkansas allows parent(s) to solely qualify if they are enrolled fulltime by definition of the educational institution. Students must provide proper documentation of fulltime enrollment in an educational institution to qualify for CCDF assistance based on education and training. If students are enrolled fulltime, there are no additional work requirements.**

- c. Does the Lead Agency provide child care to children in protective services?

☐ No

☒ Yes. If yes:

- i. Provide the Lead Agency's definition of "protective services": **Services provided to a family after a child maltreatment report has been founded true or during the investigation to prevent removal of the children from the home. Essential Workers may be classified as protective services as deemed necessary by the Lead Agency.**

Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the protective services definition above.

- ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?

☐ No  
☒ Yes

- iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?

☐ No  
☒ Yes

- iv. Does the Lead Agency provide respite care to custodial parents of children in protective services?

☒ No  
☐ Yes

### 3.1.3 Eligibility criteria: Family Income Limits

Note: The questions in 3.1.3 relate to initial determination. Redetermination is addressed in 3.2.5.

- a. How does the Lead Agency define "income" for the purposes of eligibility at the point of initial determination? **Income can be classified as earned or unearned. The family is required to report all income at the time of application, including any income that is anticipated to be regularly received during the certification period. All earned and unearned income of each household member is counted unless specifically excluded.**
- b. Provide the CCDF income eligibility limits in the table below **at the time of initial determination**. Complete columns (i) and (ii) based on maximum eligibility at initial entry into CCDF. Complete columns (iii) and (iv) *only if* the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. Complete the chart below using the most populous area of the state or territory (defined as the area serving highest number of CCDF children). If the income eligibility limits are not statewide, please respond to c. below the table.

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI (\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower than 85% of Current SMI	(IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower than 85% of Current SMI
1	\$3,007.94	\$2,556.75		
2	\$3,933.46	\$3,343.44		
3	\$4,858.98	\$4,130.13		
4	\$5,784.50	\$4,916.83		
5	\$6,710.02	\$5,703.52		

- c. If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit]) ( 98.16(i)(3)). **Income eligibility limits are statewide.**
- d. SMI source and year. <https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021>  
 Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: <https://www.acf.hhs.gov/ocs/resource/liheap-im2017-03>.
- e. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b. **The chart represents statewide SMI guidelines based on the most recent Bureau Census and is not identified by the most populous area of the state.**
- f. What is the effective date for these eligibility limits reported in 3.1.3 b?  
**10/01/2020**
- g. Provide the citation or link, if available, for the income eligibility limits.  
<https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021>

- 3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed \$1,000,000, as certified by a family member (98.20(a)(2)(ii)).
- Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application). **Families are asked to declare if they have assets in excess of \$1,000,000 during their initial application and at redetermination. Families check yes or no to the question “Do you have assets in excess of \$1,000,000?” located on the CCDF application.**
  - Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?  
☐ No  
☒ Yes. If yes, describe the policy or procedure and provide citation:

**Assets limits are waived for families defined as protective services. This information can be found in the Family Support Unit Procedure Manual.**

- 3.1.5 Describe any additional eligibility conditions or rules, which are applied by the Lead Agency during:
- eligibility determination. **INFANT TODDLER Only one parent/custodian is required to meet CCDF eligibility. If both parents/ custodians are employed and live in the same household, there are no set number of required work hours. However, the family must be working or going school to qualify for assistance. All Infant-Toddler families must remain under 85% of SMI. Eligibility is not redetermined and is good through the family’s duration in the Infant-Toddler program.**  
**FEDERAL PREK Only one parent/custodian is required to meet CCDF eligibility. All Federal PreK families must remain under 85% of SMI. Children may remain eligible for two (2) school years, pending the availability of funds. Families who are work/school ineligible and fall into one of the following categories may be exempted from some eligibility requirements, to include but not limited to: Foster child, child with a parent/custodian who has been incarcerated, arrested, or convicted of drug-related offenses, child in the custody of or living with someone other than the mother or father, and child with a parent/custodian activated for overseas military duty.**  
**ARKANSAS BETTER CHANCE (ABC) SUMMER Child must have been actively enrolled in a Federal PreK or ABC/ABCSS program, during the program year. Only one parent/custodian is required to meet CCDF eligibility. If both parents/ custodians are employed and live in the same household, there are no set number of required work hours. However, the family must be working or going school to qualify for assistance. All ABC Summer families must remain under 85% of SMI. eligibility redetermination (98.20(b)). Eligibility is not redetermined for INFANT TODDLER program. These families may be eligible for up to three (3) years. Eligibility for FEDERAL PREK is redetermined every two (2) years. Eligibility is not redetermined for ABC SUMMER.**

- 3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be strictly based on the work, training, or education schedule of the parent (98.21 (g)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

- ☒ a. Coordinating with Head Start, Prekindergarten, or other early learning programs to create a package of arrangements that accommodates parents' work schedules
- ☒ b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- ☒ c. Establishing minimum eligibility periods longer than 12 months
- ☒ d. Using cross-enrollment or referrals to other public benefits
- ☐ e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- ☐ f. Providing more intensive case management for families with children with multiple risk factors
- ☐ g. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- ☒ h. Other. Describe: **No child, receiving subsidy funding, shall be suspended, or expelled from the facility without approval from DCCECE** <https://www.behaviorhelponline.org/>

3.1.7 Fluctuation in earnings.

Lead Agencies are required to demonstrate how their processes for initial determination and redetermination take into account irregular fluctuations in earnings (658E(c)(2)(N)(i)(II) and 98.21(c)). The Lead Agency must put in place policies that ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments (98.21(c)). Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings and describe, at a minimum, how temporary increases that result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) do not affect eligibility of family co-payments.

- ☒ a. Average the family's earnings over a period of time (e.g. 12 months).  
Describe: **Fluctuating income is defined as income that varies from week to week. Some caseheads, eligible household members, or applicants may have irregular earnings over the course of a year, including earnings that temporarily exceed eighty-five percent (85%) of the State Median Income. To calculate fluctuating income, verification shall reflect up to forty-five (45) days. Any overtime that appears on less than half of the check stubs is not counted.**
- ☒ b. Request earning statements that are most representative of the family's monthly income. Describe: **Click or tap here to enter text. To calculate fluctuating income,**

**verification shall reflect up to forty-five (45) days. Any overtime that appears on less than half of the check stubs is not counted.**

- ☒ c. Deduct temporary or irregular increases in wages from the family's standard income level. Describe: [Click or tap here to enter text.](#) **Any overtime that appears on less than half of the check stubs is not counted. This does not apply to a non-temporary raise in hourly pay or salary with current employer.**
- ☐ d. Other. Describe: [Click or tap here to enter text.](#)

3.1.8 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Lead Agencies should note that there are no federal requirements for specific documentation or verification procedures. Check the information that the Lead Agency documents and verifies and describe, at a minimum, what information is required and how often. Check all that apply.

- ☒ a. Applicant identity. Describe: **Photo ID- driver's license, state issued ID, military ID, federal ID, school ID, or passport for applicant. This information is required at eligibility determination.**
- ☒ b. Applicant's relationship to the child. Describe: **A person having physical custody of the child. The person is standing in the role of the parent of a minor, without having gone through a formal process and has responsibility for the child. This information is declared at the time of eligibility determination.**
- ☒ c. Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe: **Describe: Birth certificate, DHS shared data systems, and other official documents. This information is required at eligibility determination.**
- ☒ d. Work. Describe: **Consecutive check stubs for the last thirty (30) days, Verification of Employment (VOE), DCO-97 Verification of Earnings form, Contract Agreement, Letter from employer, Last year's 1040 Income Tax Return with applicable Schedule form (profits or loss from business), and DCC-575 Self-Employment Declaration form (can only be used if self-employed for less than one (1) year). This information is required at eligibility determination and redetermination.**
- ☒ e. Job training or educational program. Describe: **Verification of enrollment or Written statement from advisor or institution on official letterhead. This information is required at eligibility determination and redetermination. If a change in status is reported this information may be reverified before redetermination.**
- ☒ f. Family income. Describe: **Consecutive check stubs for the last thirty (30) days, Verification of Employment (VOE), DCO-97 Verification of Earnings form, Contract Agreement, Letter from employer, Last year's 1040 Income Tax Return with applicable Schedule form (profits or loss from business), and DCC-575 Self-Employment Declaration form (can only be used if self-employed for less than one (1) year). Verification of unearned family income may include but is not limited to: written statement, award letter, or court order. This information is required at eligibility determination and redetermination. If a change in status is reported this information may be reverified before redetermination.**



☒ g. Household composition. Describe: **A picture ID must be submitted for all adults in the eligibility group. Children are verified using Birth certificate, DHS shared data systems, and other official documents. This information is required at eligibility determination. If a change in status is reported this information may be reverified before redetermination.**

☒ h. Applicant residence. Describe: **State residence is verified using the following, to include but not limited to: ID, household bill, mail, check stubs, rent receipt, apartment lease/contract, mortgage contract, notarized statement, and state systems. This information is required at eligibility determination. If a change in status is reported this information may be reverified before redetermination.**

☐ i. Other. Describe: [Click or tap here to enter text.](#)

3.1.9 Which strategies, if any, will the Lead Agency use to ensure the timeliness of eligibility determinations upon receipt of applications? Check all that apply.

☒ a. Time limit for making eligibility determinations. Describe length of time:  
**The Family Support Unit has a maximum of ten (10) business days for processing from the date the application is received by the Program Eligibility Specialist. The application shall be processed as waitlisted, pending, approved, or denied. Waitlisted- Due to limited funding, eligible applicants are placed on a waiting list for child care assistance. Pending- DCCECE is waiting on required information to determine eligibility. Approved- Applicant is determined eligible and removed from the waitlist, pending availability of funds. Denied- Applicant is determined ineligible because they don't meet eligibility requirements or fail to provide required documentation to determine eligibility.**

☒ b. Track and monitor the eligibility determination process

☐ c. Other. Describe: [Click or tap here to enter text.](#)

☐ d. None

3.1.10 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement.

Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the state/territory TANF agency in accordance with Section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care.

Note: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

- a. Identify the TANF agency that established these criteria or definitions:  
**Department of Workforce Services**

- b. Provide the following definitions established by the TANF agency:
- “Appropriate child care”: **Child care that meets the minimum health and safety standards and guidelines established by DCCECE Licensing Rules and Regulations. All care must be provided in a center or licensed or registered child care family home.**
  - “Reasonable distance”: **It is solely, the parents’ choice to select any CCDF provider. However, DCCECE may pay for up to (2) two hours of the parent’s travel time. Additional travel time may be approved if supporting documentation is submitted.**
  - “Unsuitability of informal child care”: **Care which does not meet the developmental needs of the child or care that has been determined not to be in the best interest of the child or parent.**
  - “Affordable child care arrangements”: **Care provided at no charge to the family for the first year after the family’s TANF case closes due to employment assures affordable care. The sliding fee scale is applied after the first year.**
- c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?
- ☒ i. In writing
  - ☒ ii. Verbally
  - ☒ iii. Other. Describe: **Clients are advised of TANF work requirements and penalties for noncompliance in a variety of formats including written and verbal. They receive information at the initial interview with their TANF caseworker.**
- d. Provide the citation for the TANF policy or procedure: **(98.16(v); 98.33(f)).**

### 3.2 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family’s contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining co-payments (98.45(k)(2)). Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

To help families transition off child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. Question 3.2.5 addresses co-payments during the graduated phase-out period.

#### 3.2.1 Provide the CCDF co-payments in the chart below according to family size for **one** child in care.

- a. Complete the chart based on the most populous area of the state or territory (defined as the area serving the highest number of CCDF children, aligned to the response provided in 3.1.3 e). **ADJUST FOR NEW RATES**

	(a)	(b)	(c)	(d)	(e)	(f)
Family size	Lowest initial or First Tier	What is the monthly	What percentage of income	Highest initial or First Tier	What is the monthly	What percentage of income

	(a)	(b)	(c)	(d)	(e)	(f)
	Income Level where family is first charged co-pay (greater than \$0)	co-payment for a family of this size based on the income level in (a)?	is this co-payment in (b)?	Income Level before a family is no longer eligible.	co-payment for a family of this size based on the income level in (d)?	is this co-payment in (d)?
1	1203.19	37.80	NA	2556.75	37.80	NA
2	1573.39	37.80	NA	3343.44	37.80	NA
3	1943.60	37.80	NA	4130.13	37.80	NA
4	2313.81	37.80	NA	4196.83	37.80	NA
5	2684.02	37.80	NA	5703.52	37.80	NA

b. If the sliding-fee scale is not statewide (i.e., county-administered states):

i. ☒ N/A. Sliding fee scale is statewide

ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.

**Pulaski County Urban**

**Better Beginnings Level 1**

**Preschool age child**

**21 days in a month (Copays are 6% of the reimbursement rate for Better Beginnings Level 1, Rate of \$30.00 per day x 21 days x 6% = \$37.80)**

iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

**NA**

c. What is the effective date of the sliding-fee scale(s)? **10/1/2020**

d. Provide the link to the sliding-fee scale: [https://humanservices.arkansas.gov/wp-content/uploads/Sliding\\_Fee\\_Scale\\_vfy2021.pdf](https://humanservices.arkansas.gov/wp-content/uploads/Sliding_Fee_Scale_vfy2021.pdf)

3.2.2 How will the family's contribution be calculated, and to whom will it be applied? Check all that apply.

☐ a. The fee is a dollar amount and (check all that apply):

☐ i. The fee is per child, with the same fee for each child.

☐ ii. The fee is per child and is discounted for two or more children.

☐ iii. The fee is per child up to a maximum per family.

☐ iv. No additional fee is charged after a certain number of children.

☒ v. The fee is per family.

☐ vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: [Click or tap here to enter text.](#)

- ☐ vii. Other. Describe: [Click or tap here to enter text.](#)
- ☐ b. The fee is a percent of income and (check all that apply):
- ☐ i. The fee is per child, with the same percentage applied for each child.
  - ☐ ii. The fee is per child, and a discounted percentage is applied for two or more children.
  - ☐ iii. The fee is per child up to a maximum per family.
  - ☐ iv. No additional percentage is charged after a certain number of children.
  - ☒ v. The fee is per family.
  - ☐ vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: [Click or tap here to enter text.](#)
  - ☐ vii. Other. Describe: [Click or tap here to enter text.](#)
- 3.2.3 Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment (658E(c)(3)(B))? Reminder: Lead Agencies may NOT use cost of care or amount of subsidy payment in determining co-payments (98.45(k)(2)).
- ☐ No
- ☒ Yes. If yes, check and describe those additional factors below.
- ☐ a. Number of hours the child is in care. Describe: [Click or tap here to enter text.](#)
  - ☒ b. Lower co-payments for a higher quality of care, as defined by the state/territory.  
Describe: **The copay is a percentage of the facility's rate.**  
**Families choosing a QRIS Level 1 facility have a 6% copay per child.**  
**Families choosing a QRIS Level 2 facility have a 4% copay per child.**  
**Families choosing a QRIS Level 3 facility have a 2% copay per child**
  - ☐ c. Other. Describe: [Click or tap here to enter text.](#)
- 3.2.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.45(k)) or for families who are receiving or needing to receive protective services, on a case-by-case basis, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.
- ☐ No, the Lead Agency does not waive family contributions/co-payments.
- ☒ Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.
- ☐ a. Families with an income at or below the Federal poverty level for families of the same size. Describe the policy and provide the policy citation.  
[Click or tap here to enter text.](#)
  - ☒ b. Families who are receiving or needing to receive protective services on a case-by-case basis, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation. **Child care assistance is provided to Foster Care children and children in Protective Services. Contribution/co-payments are waived for this group. Essential Workers may be classified as protective services as deemed necessary by the Lead Agency. Family Support Unit Procedure Manual**

- ☒ c. Families meeting other criteria established by the Lead Agency. Describe the policy. **Co-payments may be waived for TANF, Priority/Waiver populations, and families on Job Search.**

3.2.5 Lead Agencies that establish initial family income eligibility below 85 percent of SMI are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

- (i) 85 percent of SMI for a family of the same size.
- (ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
  - (A) Takes into account the typical household budget of a low-income family.
  - (B) Provides justification that the second eligibility threshold is:
    - (1) Sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability.
    - (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption.

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition from child care assistance, Lead Agencies may gradually adjust co-pay amounts for families whose children are determined eligible under a graduated phase-out and may require additional reporting on changes in family income. However, Lead Agencies must still ensure that any additional reporting requirements do not constitute an undue burden on families.

- a. Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.

- ☒ N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore, is not required to provide a graduated phase-out period.
- ☐ The Lead Agency sets the second tier of eligibility at 85 percent of SMI.
  - A. Describe the policies and procedures.
  - B. Provide the citation for this policy or procedure.
- ☐ The Lead Agency sets the Second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.
  - A. Provide the second tier of eligibility for a family of three:  
[Click or tap here to enter text.](#)
  - B. Describe how the second eligibility threshold:
    - 1. Takes into account the typical household budget of a low-income family:  
[Click or tap here to enter text.](#)
    - 2. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability: [Click or tap here to enter text.](#)
    - 3. Reasonably allows a family to continue accessing child care services without unnecessary disruption: [Click or tap here to enter text.](#)
    - 4. Provide the citation for this policy or procedure: [Click or tap here to enter text.](#)
- b. To help families transition from assistance, does the Lead Agency gradually adjust co-payments for families eligible under the graduated phase-out period?
  - ☒ No
  - ☐ Yes
    - i. If yes, describe how the Lead Agency gradually adjusts co-payments for families under a graduated phase-out:
    - ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? (Note: Additional reporting requirements are also discussed in section 3.4.3 of the Plan.)
      - ☐ No
      - ☐ Yes. Describe:

### 3.3 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes, and to children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to eligibility determination. Other ways to give priority may include the establishment of a waiting list or the ranking of eligible families in priority order to be served.

Note: CCDF defines "child experiencing homelessness" as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a) (98.2).

## 3.3.1 Describe how the Lead Agency defines:

- a. **“Children with special needs”: A child whose physical condition has lasted or is expected to last at least two (2) years as diagnosed by a licensed medical or psychological practitioner and/or a child determined eligible for special services under the Individuals with Disabilities Education Act for whom a current IFSP or IEP exists.**
- b. **“Families with very low incomes”: Children whose family’s income falls below the federal poverty level. Eligibility determination is based on Arkansas's sliding fee scale at 85% of SMI. Families with very low income could receive free child care assistance with no co-payment if their income is at or below the federal poverty level. Prioritization for child care assistance are given to TANF, children in foster care, children with disabilities, teen parents, guardian/custodian, and homeless families.**

## 3.3.2 Identify how the Lead Agency will prioritize or target child care services for the following children and families:

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4.

- a. Complete the table below to indicate how the identified populations are prioritized or targeted.

Population Prioritized	Prioritize for enrollment	Serve without placing on waiting list	Waive co-payments (on a case-by-case basis)	Payer higher rate for access to higher quality care	Using grants or contracts to reserve spots
Children with special needs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Families with very low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children experiencing homelessness, as defined by the CCDF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4))	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- b. If applicable, identify and describe any other ways the identified populations are prioritized or targeted. [Click or tap here to enter text.](#)



- 3.3.3 List and define any other priority groups established by the Lead Agency.  
**DCCECE recognizes the following as additional priority groups: \*Teen Parents- children whose parents are twenty (20) years or younger and completing their GED or high school diploma. \*Children in, or transitioning out of foster care, \*Children with open, active Foster Care/Protective Services cases. \*Guardian/Custodian-children in the care of someone other than the parent.**
- 3.3.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.3.3. **The additional priority group is prioritized by the following: enrollment, served without being placed on the waiting list, and copays may be waived on a case-by-case basis.**
- 3.3.5 Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and TA to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (addressed in section 6), and (3) conduct specific outreach to families experiencing homelessness(658E(c)(3); 98.51).
- a. Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained. **Some eligibility requirements may be waived for children who are experiencing homelessness. The Family Support Specialist (FSS) provides case management services to obtain any information necessary to establish eligibility.**
  - b. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) and their families.
    - ☒ i. Lead Agency accepts applications at local community-based locations
    - ☒ ii. Partnerships with community-based organizations
    - ☒ iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
    - ☐ iv. Other: [Click or tap here to enter text.](#)

Note: The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

- 3.3.6 Lead Agencies must establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).

Note: Any payment for such a child during the grace period shall not be considered an error or improper payment (98.41(a)(1)(i)(C)(2)).

- a. Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:
  - i. Children experiencing homelessness (as defined by the CCDF Final Rule).  
**DCCECE allows a grace period of 15 days to obtain up to date immunization records on**



**children.** Provide the citation for this policy and procedure.

**This regulation can be found in Section 1101 of the Minimum Licensing Requirements for Child Care Centers located here: <https://humanservices.arkansas.gov/wp-content/uploads/2020-Child-Care-centers.pdf> and in Section 1102 of the Minimum Licensing Requirements for Child Care Family Homes located here: <https://humanservices.arkansas.gov/wp-content/uploads/2020-Child-Care-Family-Home.pdf>**

- ii. Children who are in foster care. **DCCECE allows a grace period of 15 days to obtain up to date immunizations records on children.** Provide the citation for this policy and procedure. **This regulation can be found in Section 1101 of the Minimum Licensing Requirements for Child Care Centers located here: <https://humanservices.arkansas.gov/wp-content/uploads/2020-Child-Care-centers.pdf> and in Section 1102 of the Minimum Licensing Requirements for Child Care Family Homes located here: <https://humanservices.arkansas.gov/wp-content/uploads/2020-Child-Care-Family-Home.pdf>**
- b. Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements (98.41(a)(1)(i)(C)(4)). **Arkansas's CCDF Participant Agreement requires CCDF Providers to follow all Child Care Licensing Requirements. Family Support Specialist (FSS) will provide resource information as requested.**
- c. Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?
- ☐ No
- ☒ Yes. Describe: **All children are allowed a grace period of 15 days to obtain up to date immunizations records on children. This regulation can be found in Section 1101 of the Minimum Licensing Requirements for Child Care Centers located here: <https://dhs.arkansas.gov/dccece/cclas/FacilitySearch.aspx> and in Section 1102 of the Minimum Licensing Requirements for Child Care Family Homes located here: <https://humanservices.arkansas.gov/wp-content/uploads/2020-Child-Care-Family-Home.pdf>**

### 3.4 Continuity for Working Families

#### 3.4.1 Minimum 12-month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period:

- regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of SMI.
- regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

1. any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness
  2. any interruption in work for a seasonal worker who is not working
  3. any student holiday or break for a parent participating in a training or educational program
  4. any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program
  5. any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency
  6. a child turning 13 years old during the 12-month eligibility period (except as described in 3.1.1)
  7. any changes in residency within the state, territory, or tribal service area
- a. Describe and provide the citation for the Lead Agency's policies and procedures related to providing a 12-month eligibility period at initial eligibility determination and redetermination. **Certification for child care assistance shall be authorized according to the CCDF child care provider's Better Beginnings (QRIS) Level: Better Beginnings Level one (1) and Level two (2) – child care services shall be authorized for twelve (12) months; Better Beginnings Level three (3) – child care services shall be authorized for twenty-four (24) months. Families that have children at multiple facilities, at different Better Beginnings levels shall have all authorizations shall be authorized for twelve (12) months. All TANF families shall be authorized for one (1) year. Family Support Unit Procedure Manual**
- b. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency's definition of "temporary change".

Minimum Required Element	Citation
<input checked="" type="checkbox"/> i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness. Describe or define your Lead Agency's policy: <b>Care during this time shall be limited to a maximum of thirty (30) days, unless the physician indicates a specific period that child care shall be needed. After the authorized period of care expires, additional child care may be approved if the family provides new documentation from their physician to verify continued need. Parents or custodians requiring child care during maternity/paternity leave shall be eligible for up to six (6) weeks of benefits during that time.</b>	<b>Family Support Unit Procedure Manual</b>
<input checked="" type="checkbox"/> ii. Any interruption in work for a seasonal worker who is not working. Describe or define your Lead Agency's policy: <b>Job search may be provided for up to three (3) months to allow a case head or eligible household member to actively seek employment following a cessation of employment, education, or job skills training program.</b>	<b>Family Support Unit Procedure Manual</b>

Minimum Required Element	Citation
<input type="checkbox"/> iii. Any student holiday or break for a parent participating in a training or educational program. Describe or define your Lead Agency's policy: <b>All adults in an eligibility group who are enrolled and attending an educational institute full-time or may combine employment, education or job skills training to equal thirty (30) more hours per week are eligible for child care services during all holidays and school breaks.</b>	Family Support Unit Procedure Manual
<input checked="" type="checkbox"/> iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program. Describe or define your Lead Agency's policy: <b>If any decrease in employment, education, job skills training program or combination of any eligible activity is reported during the authorization timeframe, the household shall be determined to be in Reduction. The household shall remain eligible for assistance for the remainder of the authorization timeframe.</b>	Family Support Unit Procedure Manual
<input checked="" type="checkbox"/> v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency. Describe or define your Lead Agency's policy: <b>A household member may receive job search following each cessation of employment, education, or job skills training program. If the household previously had a co-payment, it may be waived during the Job Search period. Job searches shall not be consecutive. If a family is found ineligible due to a cessation during redetermination that occurred less than three (3) months prior, the family shall be offered a Job Search. Each Job Search shall be for three (3) months starting at the first day of the cessation.</b>	Family Support Unit Procedure Manual
<input checked="" type="checkbox"/> vi. A child turning 13 years old during the 12-month eligibility period (except as described in 3.1.1). Describe or define your Lead Agency's policy: <b>If a child turns 13 during the 12-month eligibility period, assistance will continue for the duration of the current eligibility period. Prior to the end of the authorization, notification will be sent to the parent informing them that the child will not be eligible after the current eligibility period due to age.</b>	Family Support Unit Procedure Manual
<input checked="" type="checkbox"/> vii. Any changes in residency within the state, territory, or tribal service area. Describe or define your Lead Agency's policy: <b>Residency changes within the state must be reported within ten (10) calendar days of the change.</b>	Family Support Unit Procedure Manual

- c. Provide any other elements included in the state’s definition of “temporary change” and provide the citation. **A temporary change is defined as any time-limited absence (not to exceed 3 months) from work for an employed parent due to reasons such as need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working between regular industry work seasons; any student holiday or break for a parent participating in training or education; any reduction in work, training or education hours, as long as the parent is still working or attending training or education; any other cessation of work or attendance at a training or education program that does not exceed three months or a longer period of time; any change in age, including turning 13 years old during the eligibility period; and any change in residency within the State. Family Support Unit Procedure Manual**

- 3.4.2 Continuing assistance of “job search” and a Lead Agency’s option to discontinue assistance during the minimum 12-month eligibility period. Lead Agencies have the option, but are not required, to discontinue assistance during the 12-month eligibility period due to a parent’s non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent’s eligible activity.

If the Lead Agency chooses the option to discontinue assistance due to a parent’s non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation. This time period allows the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of SMI, assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

- a. Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search.)

☒ No

☐ Yes. If yes, describe the policy or procedure (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):

[Click or tap here to enter text.](#)

- b. Does the Lead Agency discontinue assistance during the 12-month eligibility period due to a parent’s non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

☐ No, the state/territory does not allow this option to discontinue assistance during the 12-month eligibility period due to a parent’s *non-temporary* loss of work or cessation of attendance at a job training or educational program.

☒ Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent’s *non-temporary* loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

- i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change: **A household member may receive job search following each cessation of employment, education, or job skills training program. If the household previously had a co-payment, it may be waived during the Job Search period. Job searches shall not be consecutive. If a family is found ineligible due to a cessation during redetermination that occurred less than three (3) months prior, the family shall be offered a Job Search. Each Job Search shall be for three (3) months starting at the first day of the cessation. A ten (10) calendar day Pending Closure notice shall be sent prior to the end of the three (3) month period requesting proof of employment, education, or job skills training program. If documentation is provided prior to the end of the Job Search authorization verifying that the household member is again engaged in an eligible employment, education, or job skills training program, assistance cannot be terminated. Eligibility shall continue until the next redetermination period or next cessation of employment, education, or job skills training program. If the family is not meeting eligibility at the end of the Job Search authorization or does not provide any documentation to verify an eligible activity assistance shall be discontinued at the end of the Job Search authorization.**
- ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation: **A Job Search is triggered when a family reports an instance of cessation of employment, education, or job skills training program.**
- iii. How long is the job-search period (must be at least 3 months)?  
**The Job Search period is 3 months.**
- iv. Provide the citation for this policy or procedure. **Family Support Unit Procedure Manual**
- c. The Lead Agency may discontinue assistance prior to the next 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next 12-month redetermination. Check all that apply.
  - ☐ i. Not applicable
  - ☒ ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.
    - A. Define the number of unexplained absences identified as excessive:  
**Trimester Days Allowed Not to Exceed July - October 12\* 6 in a given month\*\* November- February 16\* 8 in a given month\*\* March - June 12\* 6 in a given month\*\* \*Days will be pro-rated on the start date of the authorization. \*\* The Participant reserves the right to charge the client for absentee days that exceed the above limits. Absentee days are cumulative per child per twenty-four (24) hour period and may not exceed forty (40) days per calendar year without written approval. Waivers of the forty (40) day limit may be granted in cases including, but not limited to, extreme illness or other health-related conditions.**
    - B. Provide the citation for this policy or procedure: **CCDF Participant Agreement and Family Support Unit Procedure Manual**
  - ☒ iii. A change in residency outside of the state, territory, or tribal service area. Provide the citation for this policy or procedure: **A family must presently reside and**

**continue to reside in the State of Arkansas. No specific duration of residence is required prior to application. Residency is not affected by a temporary absence not to exceed thirty (30) days from the state. Family Support Unit Procedure**

- ☒ iv. Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility. Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

**A violation that occurs when a family or child care provider intentionally misrepresenting or withholding information. Family Support Unit Procedure Manual and CCDF Program Participant Agreement.**

3.4.3 Change reporting during the 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.16(h)(1)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.2.5.

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.4.2 of the Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent's eligible activity).

- a. Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?

- ☐ No  
☒ Yes

- b. Any additional reporting requirements during the 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of SMI) or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).

Check and describe any additional reporting requirements required by the Lead Agency during the 12-month eligibility period. Check all that apply.

- ☒ i. Additional changes that may impact a family's eligibility during the 12-month period. Describe: **Report of a cessation in employment, student status, or job skills training program within 90 calendar days, excessive unexplained absences, change in residency outside of the state, substantiated fraud or intentional program violation, household income that exceeds 85% percent of the SMI, household composition that increase household income over 85% SMI, family chooses to end services.**
- ☒ ii. Changes that impact the Lead Agency's ability to contact the family. Describe: **Change in family's email, address, and/or phone number without notifying Lead Agency**
- ☒ iii. Changes that impact the Lead Agency's ability to pay child care providers. Describe: **Families must report any change to the selected child care provider, prior to the**

**change. Failure to report this information may result in non-payment to the correct child care provider.**

- c. Any additional reporting requirements that the Lead Agency chooses, as its option to require from parents during the 12-month eligibility period, shall not require an office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families. How does the Lead Agency allow families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

- ☒ i. Phone
- ☒ ii. Email
- ☒ iii. Online forms
- ☒ iv. Extended submission hours
- ☒ v. Postal mail
- ☒ vi. Fax
- ☒ vii. In-person submission
- ☐ viii. Other. Describe: [Click or tap here to enter text.](#)

- d. Families must have the option to voluntarily report changes on an ongoing basis during the 12-month eligibility period.

Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

- i. Describe any other changes that the Lead Agency allows families to report.  
**Address, email, phone number, change of child care provider, household composition that increase household SMI over 85%, reduction in work employment, student status, or job skills training program, income so long as it does not exceed 85% SMI.**
- ii. Provide the citation for this policy or procedure. **Family Support Unit Procedure Manual**

#### 3.4.4 Prevent the disruption of employment, education, or job training activities.

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents receiving assistance under the TANF program) are not required to unduly disrupt their employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support

(e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

- a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility.
- ☒ i. Advance notice to parents of pending redetermination
  - ☐ ii. Advance notice to providers of pending redetermination
  - ☒ iii. Pre-populated subsidy renewal form
  - ☒ iv. Online documentation submission
  - ☒ v. Cross-program redeterminations
  - ☒ vi. Extended office hours (evenings and/or weekends)
  - ☒ vii. Consultation available via phone
  - ☐ viii. Other: [Click or tap here to enter text.](#)

## 4 Ensure Equal Access to Child Care for Low-Income Children

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care, or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. In addition to generally building the supply of child care for all families, this effort also supports equal access for CCDF eligible children to the priced child care market.

This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each state/territory identifies and defines its own categories and types of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

### 4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling their child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll their child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead Agencies are reminded that any policies and procedures should



not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.) (98.15 (a)(5)).

- 4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)). **Each eligible family receives a voucher authorization immediately once eligibility is determined. A system generated Authorization Worksheet is sent to the family and the provider. This Worksheet provides information about the family's choice of providers, service authorization days, parent fees, service type, authorization start and end date, care type, and absentee billing trimester totals per child. All CCDF authorizations will be authorized pending the availability of funds.**
- 4.1.2 Identify how the parent is informed that the child certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; FCC homes; or in-home providers (658E(c)(2)(A)(i); 658P(2); 658Q). Check all that apply.
- ☒ a. Certificate provides information about the choice of providers
  - ☒ b. Certificate provides information about the quality of providers
  - ☒ c. Certificate is not linked to a specific provider, so parents can choose any provider
  - ☐ d. Consumer education materials are provided on choosing child care
  - ☒ e. Referrals provided to child care resource and referral agencies
  - ☐ f. Co-located resource and referral staff in eligibility offices
  - ☒ g. Verbal communication at the time of the application
  - ☒ h. Community outreach, workshops, or other in-person activities
  - ☐ i. Other. Describe: [Click or tap here to enter text.](#)
- 4.1.3 A core principle of CCDF is that families receiving CCDF-funded child care should have equal access to child care that is comparable to that of non-CCDF families (658E(c)(4)(A) and 98.45(a)).
- a. Describe how parents have access to the full range of providers eligible to receive CCDF: **All families have access to DCCECE's Consumer Education website, which allow them to search for child care statewide. The website is provided at the bottom of the child care application checklist and in the family's rights and responsibilities which are reviewed with CCDF family during the initial interview.**
  - b. Report data on the extent to which eligible child care providers participate in the CCDF system: **Arkansas currently has 1945 Licensed Child Care Providers. Of the 1945 Licensed Child Care Providers, 1008 of them are CCDF Providers.**
  - c. Identify any barriers to provider participation, including barriers related to payment rates and practices, based on provider feedback and reports to the Lead Agency: **The follow are some of the barriers that have been reported: payment rates are too low, misinformation regarding separation of church and state, and the inability to suspend and expel children at will.**

4.1.4 Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)). **All CCDF Child Care Providers must sign the CCDF Participant Agreement which specifies that all CCDF licensed facilities must be accessible during the facility's hours of operation to a parent of a child who is receiving care at the facility.**

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?

☐ No

☒ Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

- ☐ a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe: [Click or tap here to enter text.](#)
- ☐ b. Restricted based on the provider meeting a minimum age requirement. Describe: [Click or tap here to enter text.](#)
- ☐ c. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe: [Click or tap here to enter text.](#)
- ☒ d. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)). Describe: **Relatives are expected to comply with the same minimum licensing requirements as other providers.**
- ☐ e. Restricted to care for children with special needs or a medical condition. Describe: [Click or tap here to enter text.](#)
- ☒ f. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe: **These providers must be a Registered Child Care Family Home Provider and meet similar standards that licensed homes are required to meet.**
- ☐ g. Other. Describe: [Click or tap here to enter text.](#)

4.1.6 Child care services available through grants or contracts.

a. In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots (658A(b)(1))? Note: Do not check "yes" if every provider is simply required to sign an agreement to be paid in the certificate program.

☒ No. If not, skip to 4.1.7

☐ Yes, in some jurisdictions but not statewide. If yes, describe how many jurisdictions use grants or contracts for child care slots.

☐ Yes, statewide. If yes, describe:

- i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:  
[Click or tap here to enter text.](#)
- ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers):  
[Click or tap here to enter text.](#)
- iii. How rates for contracted slots are set through grants and contracts.  
[Click or tap here to enter text.](#)
- iv. If contracts are offered statewide and/or locally.  
[Click or tap here to enter text.](#)
- b. Will the Lead Agency use grants or contracts for child care services to increase the supply or quality of specific types of care?
- ☒ No
- ☐ Yes. If yes, how does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

<b><i>Child Care Programs that Serve</i></b>	<b><i>Increase the supply of care</i></b>	<b><i>Increase the quality of care</i></b>
i. Children with disabilities	<input type="checkbox"/>	<input type="checkbox"/>
ii. Infants and toddlers	<input type="checkbox"/>	<input type="checkbox"/>
iii. School-age children	<input type="checkbox"/>	<input type="checkbox"/>
iv. Children needing non-traditional hour care	<input type="checkbox"/>	<input type="checkbox"/>
v. Children experiencing homelessness	<input type="checkbox"/>	<input type="checkbox"/>
vi. Children with diverse linguistic or cultural backgrounds	<input type="checkbox"/>	<input type="checkbox"/>
vii. Children in underserved areas	<input type="checkbox"/>	<input type="checkbox"/>
viii. Children in urban areas	<input type="checkbox"/>	<input type="checkbox"/>
ix. Children in rural areas	<input type="checkbox"/>	<input type="checkbox"/>
x. Other populations, please specify <a href="#">Click or tap here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>

- 4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers. List the data sources used to identify shortages, and describe the method of tracking progress to support equal access and parental choice.
- a. In licensed child care centers. **DCCECE uses CCLAS data and the Arkansas Child Care Information website data to identify and evaluate potential shortages of high-quality child-care providers across the state. This data is continuously reviewed and tracked by DCCECE and is used to drive conversations with providers for increased quality levels within their programs. Additionally, the information is shared with DCCECE contractors to provide support and training to providers to increase quality care. DCCECE partners with Child Care Aware to help assist parents with parental choice in finding high quality care in their local areas.**
  - b. In licensed child care homes. **DCCECE uses CCLAS data and the Arkansas Child Care Information website data to identify and evaluate potential shortages of high-quality child-care providers across the state. This data is continuously reviewed and tracked by DCCECE and is used to drive conversations with providers for increased quality levels within their programs. Additionally, the information is shared with DCCECE contractors to provide support and training to providers to increase quality care. DCCECE partners with Child Care Aware to help assist parents with parental choice in finding high quality care in their local areas.**
  - c. Other. [Click or tap here to enter text.](#)
- 4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services for children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Describe what method(s) is used to increase supply and to improve quality for the following.
- a. Children in underserved areas. Check and describe all that apply.
    - ☐ i. Grants and contracts (as discussed in 4.1.6). Describe: [Click or tap here to enter text.](#)
    - ☒ ii. Family Child Care Networks. Describe: **DCCECE staff is on the Family Child Care Network Advisory Council and meets with the council on a quarterly basis, more frequently if needed, to develop strategies to improve the supply of high-quality care. The partnership allows for collaboration in providing support to new and current providers on the importance of providing quality care. In addition, the Arkansas Child Care Aware Resource and Referral Network, funded by DCCECE, provides support services, resources, and training opportunities for licensed and registered family child care providers as well as those interested in opening a family child care home.**
    - ☐ iii. Start-up funding. Describe: [Click or tap here to enter text.](#)
    - ☒ iv. Technical assistance support. Describe: **DCCECE contracts with institutions of higher education, nonprofit organizations, and state agencies to provide technical assistance to all licensed and registered facilities statewide. Technical Assistance areas include licensing, QRIS, administrative, curriculum, behavior guidance, transportation supports and more.**

- ☒ v. Recruitment of providers. Describe: **DCCECE contracts with a public relations agency to create and disseminate an outreach communications plan to providers and families. The primary goal of the plan is to inform the public about the importance of high-quality care in early childhood education settings and to encourage providers to participate in Better Beginnings/QRIS. This is accomplished through a variety of methods including participation in conferences, television appearances, online publications, radio interviews, monthly newsletters, news releases, YouTube videos, social media communication and blog posts.**
- ☒ vi. Tiered payment rates (as discussed in 4.3.3 ). Describe: **Programs that provide a level of service exceeding minimum licensing can be accredited through Better Beginnings, the state's quality rating improvement system for early childhood programs. Better Beginnings currently has three quality levels. Voucher reimbursement rates increase with each level. Reimbursement rates offset the expense of meeting higher quality standards, especially for Level 3 programs.**
- ☒ vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: **DCCECE's contracted professional development agencies offer training, coaching and technical assistance for free to all licensed and registered facilities. There are numerous opportunities for providers to learn how to improve business practices including participation in the following: Director's Orientation, Arkansas Children's Program Administrator Certificate/Credential, Program Administration Scale, Business Administration Scale, Family Child Care Business Management and Money Matters.**
- ☐ viii. Accreditation supports. Describe: **Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards. The QRIS incentive grant provides a cash award upon initial certification for each star level achieved.**
- ☐ ix. Child care health consultation. Describe: **DCCECE funds Healthy Child Care Arkansas (HCCAR), an organization that provides a quality health and safety resource service for early child care providers, parents/guardians, and health care professionals. The HCCAR staff is comprised of a developmental pediatrician, a general pediatrician, a pediatric psychologist, and child care health specialists who are advanced practice nurses. Training on best practice standards recognized by experts in medicine and behavioral health are provided statewide through live workshops and web-based trainings. A full time, trained RN Child Care Health Consultant is available to providers by telephone Monday through Friday at no charge. Information and consultation are based on *AR Minimum Licensing Requirements* and *Caring for Our Children* which are the evidence-based national standards for health and safety standards for child care.**
- ☒ x. Mental health consultation. Describe: **DCCECE partners with contractors to facilitate and manage BehaviorHelp. BehaviorHelp is a statewide program used to assist child care providers in supporting children who experience challenging behaviors. The purpose of the program is to reduce suspensions**

and expulsions of young children and enhance their social and emotional development. In addition, DCCECE contracts with a medical university to conduct mental health consultation services for all licensed and registered facilities.

- ☐ xi. Other. Describe:
- b. Infants and toddlers. Check and describe all that apply.
- ☐ i. Grants and contracts (as discussed in 4.1.6). Describe:  
[Click or tap here to enter text.](#)
- ☒ ii. Family Child Care Networks. Describe: **DCCECE staff is on the Family Child Care Network Advisory Council and meets with the council on a quarterly basis, more frequently if needed, to develop strategies to improve the supply of high-quality care. The partnership allows for collaboration in providing support to new and current providers on the importance of providing quality care. In addition, the Arkansas Child Care Aware Resource and Referral Network, funded by DCCECE, provides support services, resources, and training opportunities for licensed and registered family child care providers, as well as, those interested in opening a family child care home.**
- ☐ iii. Start-up funding. Describe: [Click or tap here to enter text.](#)
- ☒ iv. Technical assistance support. Describe: **DCCECE contracts with institutions of higher education, nonprofit organizations, and state agencies to provide technical assistance to all licensed and registered facilities statewide. Technical Assistance areas include licensing, QRIS, administrative, curriculum, behavior guidance, transportation supports and more.**
- ☒ v. Recruitment of providers. Describe: **DCCECE contracts with a public relations agency to create and disseminate an outreach communications plan to providers and families. The primary goal of the plan is to inform the public about the importance of high-quality care in early childhood education settings and to encourage providers to participate in Better Beginnings/QRIS. This is accomplished through a variety of methods including participation in conferences, television appearances, online publications, radio interviews, monthly newsletters, news releases, YouTube videos, social media communication and blog posts.**
- ☒ vi. Tiered payment rates (as discussed in 4.3.3). Describe: **Programs that provide a level of service exceeding minimum licensing can be accredited through Better Beginnings, the state's quality rating improvement system for early childhood programs. Better Beginnings currently has three quality levels. Voucher reimbursement rates increase with each level. Reimbursement rates offset the expense of meeting higher quality standards, especially for Level 3 programs.**
- ☒ vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: **DCCECE's contracted professional development agencies offer training, coaching and technical assistance for free to all licensed and registered facilities. There are numerous opportunities for providers to learn how to improve business practices**

including participation in the following: Director's Orientation, Arkansas Children's Program Administrator Certificate/Credential, Program Administration Scale, Business Administration Scale, Family Child Care Business Management and Money Matters.

- ☐ viii. Accreditation supports. Describe: **Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards. The QRIS incentive grant provides a cash award upon initial certification for each star level achieved.**
  - ☐ ix. Child care health consultation. Describe: **DCCECE funds Healthy Child Care Arkansas (HCCAR), an organization that provides a quality health and safety resource service for early child care providers, parents/guardians, and health care professionals. The HCCAR staff is comprised of a developmental pediatrician, a general pediatrician, a pediatric psychologist, and child care health specialists who are advanced practice nurses. Training on best practice standards recognized by experts in medicine and behavioral health are provided statewide through live workshops and web-based trainings. A full time, trained RN Child Care Health Consultant is available to providers by telephone Monday through Friday at no charge. Information and consultation are based on *AR Minimum Licensing Requirements* and *Caring for Our Children* which are the evidence-based national standards for health and safety standards for child care.**
  - ☒ x. Mental health consultation. Describe: **DCCECE partners with contractors to facilitate and manage BehaviorHelp. BehaviorHelp is a statewide program used to assist child care providers in supporting children who experience challenging behaviors. The purpose of the program is to reduce suspensions and expulsions of young children and enhance their social and emotional development. In addition, DCCECE contracts with a medical university to conduct mental health consultation services for all licensed and registered facilities.**
  - ☐ xi. Other. Describe: [Click or tap here to enter text.](#)
- c. Children with disabilities. Check and describe all that apply.
- ☐ i. Grants and contracts (as discussed in 4.1.6). Describe: [Click or tap here to enter text.](#)
  - ☒ ii. Family Child Care Networks. Describe: **DCCECE staff is on the Family Child Care Network Advisory Council and meets with the council on a quarterly basis, more frequently if needed, to develop strategies to improve the supply of high-quality care. The partnership allows for collaboration in providing support to new and current providers on the importance of providing quality care. In addition, the Arkansas Child Care Aware Resource and Referral Network, funded by DCCECE, provides support services, resources, and training opportunities for licensed and registered family child care providers, as well as, those interested in opening a family child care**



home.

- ☐ iii. Start-up funding. Describe: [Click or tap here to enter text.](#)
- ☒ iv. Technical assistance support. Describe: **DCCECE contracts with institutions of higher education, nonprofit organizations, and state agencies to provide technical assistance to all licensed and registered facilities statewide. Technical Assistance areas include licensing, QRIS, administrative, curriculum, behavior guidance, transportation supports and more.**
- ☒ v. Recruitment of providers. Describe: **DCCECE contracts with a public relations agency to create and disseminate an outreach communications plan to providers and families. The primary goal of the plan is to inform the public about the importance of high-quality care in early childhood education settings and to encourage providers to participate in Better Beginnings/QRIS. This is accomplished through a variety of methods including participation in conferences, television appearances, online publications, radio interviews, monthly newsletters, news releases, YouTube videos, social media communication and blog posts.**
- ☐ vi. Tiered payment rates (as discussed in 4.3.3). Describe: **Programs that provide a level of service exceeding minimum licensing can be accredited through Better Beginnings, the state's quality rating improvement system for early childhood programs. Better Beginnings currently has three quality levels. Voucher reimbursement rates increase with each level. Reimbursement rates offset the expense of meeting higher quality standards, especially for Level 3 programs.**
- ☒ vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: **DCCECE's contracted professional development agencies offer training, coaching and technical assistance for free to all licensed and registered facilities. There are numerous opportunities for providers to learn how to improve business practices including participation in the following: Director's Orientation, Arkansas Children's Program Administrator Certificate/Credential, Program Administration Scale, Business Administration Scale, Family Child Care Business Management and Money Matters.**
- ☐ viii. Accreditation supports. Describe: **Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards. The QRIS incentive grant provides a cash award upon initial certification for each star level achieved.**
- ☐ ix. Child care health consultation. Describe: **DCCECE funds Healthy Child Care Arkansas (HCCAR), an organization that provides a quality health and safety resource service for early child care providers, parents/guardians, and health care professionals. The HCCAR staff is comprised of a developmental pediatrician, a general pediatrician, a pediatric psychologist, and child care health specialists who are advanced practice nurses. Training on best practice standards recognized by experts in medicine and behavioral health are provided statewide through live workshops and web-based trainings. A full time, trained RN Child Care Health Consultant is available to providers**



by telephone Monday through Friday at no charge. Information and consultation are based on *AR Minimum Licensing Requirements and Caring for Our Children* which are the evidence-based national standards for health and safety standards for child care.

- ☒ x. Mental health consultation. Describe: **DCCECE partners with contractors to facilitate and manage BehaviorHelp. BehaviorHelp is a statewide program used to assist child care providers in supporting children who experience challenging behaviors. The purpose of the program is to reduce suspensions and expulsions of young children and enhance their social and emotional development. In addition, DCCECE contracts with a medical university to conduct mental health consultation services for all licensed and registered facilities.**
  - ☐ xi. Other. Describe: [Click or tap here to enter text.](#)
- d. Children who receive care during non-traditional hours. Check and describe all that apply.
- ☐ i. Grants and contracts (as discussed in 4.1.6). Describe: [Click or tap here to enter text.](#)
  - ☒ ii. Family Child Care Networks. Describe: **DCCECE staff is on the Family Child Care Network Advisory Council and meets with the council on a quarterly basis, more frequently if needed, to develop strategies to improve the supply of high-quality care. The partnership allows for collaboration in providing support to new and current providers on the importance of providing quality care. In addition, the Arkansas Child Care Aware Resource and Referral Network, funded by DCCECE, provides support services, resources, and training opportunities for licensed and registered family child care providers, as well as, those interested in opening a family child care home.**
  - ☐ iii. Start-up funding. Describe: [Click or tap here to enter text.](#)
  - ☒ iv. Technical assistance support. Describe: **DCCECE contracts with institutions of higher education, nonprofit organizations, and state agencies to provide technical assistance to all licensed and registered facilities statewide. Technical Assistance areas include licensing, QRIS, administrative, curriculum, behavior guidance, transportation supports and more.**
  - ☒ v. Recruitment of providers. Describe: **DCCECE contracts with a public relations agency to create and disseminate an outreach communications plan to providers and families. The primary goal of the plan is to inform the public about the importance of high-quality care in early childhood education settings and to encourage providers to participate in Better Beginnings/QRIS. This is accomplished through a variety of methods including participation in conferences, television appearances, online publications, radio interviews, monthly newsletters, news releases, YouTube videos, social media communication and blog posts.**
  - ☒ vi. Tiered payment rates (as discussed in 4.3.3). Describe: **Programs that provide a level of service exceeding minimum licensing can be accredited through Better Beginnings, the state's quality rating**

improvement system for early childhood programs. Better Beginnings currently has three quality levels. Voucher reimbursement rates increase with each level. Reimbursement rates offset the expense of meeting higher quality standards, especially for Level 3 programs.

- ☒ vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: **DCCECE's contracted professional development agencies offer training, coaching and technical assistance for free to all licensed and registered facilities. There are numerous opportunities for providers to learn how to improve business practices including participation in the following: Director's Orientation, Arkansas Children's Program Administrator Certificate/Credential, Program Administration Scale, Business Administration Scale, Family Child Care Business Management and Money Matters.**
  - ☐ viii. Accreditation supports. Describe: **Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards. The QRIS incentive grant provides a cash award upon initial certification for each star level achieved.**
  - ☐ ix. Child Care health consultation. Describe: **DCCECE funds Healthy Child Care Arkansas (HCCAR), an organization that provides a quality health and safety resource service for early child care providers, parents/guardians, and health care professionals. The HCCAR staff is comprised of a developmental pediatrician, a general pediatrician, a pediatric psychologist, and child care health specialists who are advanced practice nurses. Training on best practice standards recognized by experts in medicine and behavioral health are provided statewide through live workshops and web-based trainings. A full time, trained RN Child Care Health Consultant is available to providers by telephone Monday through Friday at no charge. Information and consultation are based on *AR Minimum Licensing Requirements* and *Caring for Our Children* which are the evidence-based national standards for health and safety standards for child care.**
  - ☒ x. Mental health consultation. Describe: **DCCECE partners with contractors to facilitate and manage BehaviorHelp. BehaviorHelp is a statewide program used to assist child care providers in supporting children who experience challenging behaviors. The purpose of the program is to reduce suspensions and expulsions of young children and enhance their social and emotional development. In addition, DCCECE contracts with a medical university to conduct mental health consultation services for all licensed and registered facilities.**
  - ☐ xi. Other. Describe: [Click or tap here to enter text.](#)
- e. Other. Check and describe all that apply.
- ☐ i. Grants and contracts (as discussed in 4.1.6).  
Describe: [Click or tap here to enter text.](#)
  - ☐ ii. Family Child Care Networks. Describe: [Click or tap here to enter text.](#)
  - ☐ iii. Start-up funding. Describe: [Click or tap here to enter text.](#)

- ☐ iv. Technical assistance support. Describe: [Click or tap here to enter text.](#)
- ☐ v. Recruitment of providers. Describe: [Click or tap here to enter text.](#)
- ☐ vi. Tiered payment rates (as discussed in 4.3.3). Describe: [Click or tap here to enter text.](#)
- ☐ vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: [Click or tap here to enter text.](#)
- ☐ viii. Accreditation supports. Describe: [Click or tap here to enter text.](#)
- ☐ ix. Child Care health consultation. Describe: [Click or tap here to enter text.](#)
- ☐ x. Mental health consultation. Describe: [Click or tap here to enter text.](#)
- ☐ xi. Other. Describe: [Click or tap here to enter text.](#)

4.1.9 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x);98.46(b)).

- a. How does the Lead Agency define areas with significant concentrations of poverty and unemployment? **Arkansas has created a CCDF PreK initiative that serves more eligible children in high-need communities and targets underserved areas. DCCECE has set higher quality standards for these programs that are comparable to Arkansas's Arkansas Better Chance (ABC) program. DCCECE used characteristics such as the following in selecting programs: The extent to which the county is underserved, measured by the difference between the number of eligible four-year-old children in the county and the number of children currently served by ABC and Head Start. Low-performing schools, measured by whether the county included schools designated by the Arkansas Department of Education (ADE) as "Needs Improvement-Focus" schools or "Needs Improvement Priority."**
- b. Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. **DCCECE partners with contractors across the state to provide training and technical assistance to providers who do not have a high-quality program.**

## 4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child and/or (2) an ACF pre-approved alternative methodology, such as a cost survey (658E(c)(4)(B)). A cost survey calculates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by child care providers and parents under different scenarios. Another approach would be a study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services.

In either case, Lead Agencies must analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health, safety, quality and staffing requirements (base

level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

If submitting only an alternative methodology, the Lead Agency must provide a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal. A Market Rate Survey (MRS) or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c)). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS and/or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

Note: If a waiver has been requested for either the MRS and/or ACF pre-approved methodology and/or a narrow cost analysis, a Lead Agency should respond by checking the “N/A” check box provided in these questions until the activities are complete.

#### 4.2.1 Completion of the MRS, ACF pre-approved alternative methodology.

- a. Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?
  - ☒ Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.
    - ☐ i. When was your data gathered (provide a date range, for instance, September – December, 2019)? **Data for Arkansas’s MRS was collected January-March 2019.**
    - ☐ ii. ACF pre-approved alternative methodology. Identify the date of the ACF approval and describe the methodology: [Click or tap here to enter text.](#)
    - ☒ iii. Both an MRS and an alternative methodology. When was your data gathered (provide a date range; for instance, September – December, 2019)? Describe how the Lead Agency used both methodologies as part of the rate setting process: **Arkansas used a Market Rate Survey (McKelvey & Forsman, 2020) in conjunction with the PDG B-5 Needs Assessment review of equitable access to quality early childhood care and education across the mixed delivery systems to determine the new CCDF rate structure. The data used for Arkansas’s MRS was gather January-March, 2019.**
  - ☐ No, a waiver is being requested in Appendix A. Please identify the Lead Agency’s planned methodology(ies) to assess child care prices and/or costs.
    - ☐ i. MRS. If checked, describe the status of the Lead Agency’s implementation of the MRS. [Click or tap here to enter text.](#)
    - ☐ ii. ACF pre-approved alternative methodology. If checked, describe the status of the Lead Agency’s implementation of the ACF pre-approved alternative

methodology, including if applicable, the date of the ACF approval and a description of the methodology: [Click or tap here to enter text.](#)

- ☐ iii. Both an MRS and an alternative methodology. If checked, describe how the Lead Agency plans to use both methodologies as part of the rate setting process. Describe the status of the Lead Agency's implementation of the MRS and the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology: [Click or tap here to enter text.](#)

4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses. Describe how the Lead Agency consulted with the:

- a. State Advisory Council or similar coordinating body: **Prior to implementation the Market Rate Survey and Cost Projections were shared with our Arkansas Early Childhood Commission which is Arkansas's State Advisory Council.**
- b. Local child care program administrators: **Prior to implementation the Market Rate Survey and Cost Projections were shared with the Arkansas Early Childhood Commission where child care program administrators are in attendance.**
- c. Local child care resource and referral agencies: **Prior to implementation the Market Rate Survey and Cost Projections were shared with the public on our website.**
- d. Organizations representing caregivers, teachers, and directors: **Prior to implementation the Market Rate Survey and Cost Projections were shared with the Arkansas Early Childhood Commission where organizations representing caregivers, teachers, and directors are in attendance.**
- e. Other. Describe: [Click or tap here to enter text.](#)
- f. N/A. Check here if a waiver has been requested. ☐

4.2.3 An MRS or an ACF pre-approved alternative methodology must be statistically valid and reliable. To be considered statistically valid and reliable, either method, must:

- represent the child care market
- provide complete and current data
- use rigorous data collection procedures
- reflect geographic variations
- analyze data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

- a. Describe how the benchmarks are met in either the MRS and/or ACF pre-approved alternative methodology. **DCCECE collects private tuition (or market prices) in the unit of price per day prices across multiple statuses (e.g., full-time, part-time, night and weekend care). Private tuition prices are provided at the initiation of DCCECE's Child Care Licensing**

unit and updated by the licensing staff in the first trimester of each year. In addition to the use of prices for this and ongoing studies of private tuition, DCCECE publishes prices in the state child care search engine for parents. Therefore, there is an incentive for programs to reflect their current prices.

- b. Given the impact of COVID-19 on the child care market, do you think that the prices you gathered adequately reflect the child care market as you submit this plan?

**Due to the COVID-19 pandemic, DCCECE has selected to use funds from both the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act to subsidize the current CCDF rates. CCDF child care providers are paid the following additional, per day amounts: \$10.00 for each Infant/Toddler aged child, \$7.00 for each Preschool aged child, and \$5.00 for each School Aged child. Arkansas will implement the new rate structure once COVID relief funding for additional supplemental daily amounts has been exhausted (based on expenditure projections the new rates will be implemented in the late 2021). DCCECE will be coordinating with the IT team to ensure system changes are in place to accommodate the new rate structures.**

- c. N/A. Check here if a waiver has been requested. ☐

4.2.4 Describe how the market rate survey or ACF pre-approved alternative methodology reflects variations in the price or cost of child care services by:

- a. Geographic area (e.g., statewide or local markets). Describe: **DCCECE established rates for child care subsidies and in 2014-2015, we implemented an urban/rural geographic distinction for CCDF reimbursement. Counties within the metro areas with populations under 250,000 (continuum code 1,2,3) were classified as urban based on the 2013 Rural-Urban Continuum Codes from the US Department of Agriculture's Economic Research Service.**
- b. Type of provider. Describe: **Provider rates do not vary by type of provider.**
- c. Age of child. Describe: **Provider rates vary depending on the age of the child. Rates decrease as the child increases in age.**
- d. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level. **DCCECE uses tiered reimbursement rates for child care subsidies. These rates are set by urban and rural geographic locations and do not differ for center-based and family child care programs. Reimbursement rates are higher as the quality levels increase.**
- e. N/A. Check here if a waiver has been requested. ☐

4.2.5 Has the Narrow Cost Analysis or Estimated Cost of Care been completed for the FY 2022 – 2024 CCDF Plan?

- ☐ No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.
- ☒ Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 – 2024 CCDF Plan, including:
- a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation

by geographic location, category of provider, or age of child (98.45 (f)(ii)).

**DCCECE established rates for child care subsidies and in 2014-2015, we implemented an urban/rural geographic distinction for CCDF reimbursement. Counties within the metro areas with populations under 250,000 (continuum code 1,2,3) were classified as urban based on the 2013 Rural-Urban Continuum Codes from the US Department of Agriculture's Economic Research Service.**

- b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)). **To help determine if subsidy payment rates are appropriate, a process called cost modeling was used to estimate provider's cost to provide care under multiple circumstance. The estimates can be used to set reimbursement rates that, 1) ensure equitable access of children receiving CCDF child care assistance and 2) provide sufficient financial reimbursement to support providers to improve the quality of their programs through QRIS. Cost modeling projections factored in the minimum wage increases that were implemented from 2019-2021 (base of \$7.25/hr. in 2017 to \$11/hr. in 2021) to determine if CCDF rates were sufficient for each program type.**
- c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)). **The cost analysis informed us that our current reimbursement rates would be insufficient to cover the cost of quality at QRIS level 2. DCCECE has increased our rate by up to 27% at QRIS level 2 and by up to 67% at QRIS level 3. Our data indicates this increase should be sufficient to cover the cost of quality care.**
- d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis. **DCCECE has minimized any gaps in the cost incurred by child care providers by increasing reimbursement rates by up to 27% at our lowest level of QRIS and up to 67% at our highest level.**



- 4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state defined quality measures.)

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public (98.45(f)(1)) by responding to the questions below.

- a. Date the report containing results was made widely available —no later than 30 days after the completion of the report. **October 11, 2019**
- b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted. **The detailed report was made widely available by placing it on are website. This report may be view at:**  
<https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/financial-assistance-and-resources-for-providers/>
- c. Describe how the Lead Agency considered stakeholder views and comments in the detailed report. **The detailed report was presented to Arkansas Early Childhood Commission/Statewide Advisory Council which includes representation from: various state and local education partners, health professionals, mental health professionals, child care and early childhood education providers, community leaders, parents, and Head Start.**
- d. N/A. Check here if a waiver has been requested and the report is not available. ☐



#### 4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or advance ACF approval of alternative methodology, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF funds. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

- 4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS regardless of waiver request status) for the following categories below. Percentiles are not required if the Lead Agency conducted an ACF pre-approval alternative methodology only (with pre-approval from ACF), but must be reported if the Lead Agency conducted an MRS alone or in combination with an ACF pre-approved alternative methodology. For states that only conduct an alternative methodology, report the base payment rates and what method was used to set those rates (e.g., average cost of care).

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. Please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below, if they are not statewide. Note: If the Lead Agency obtained approval to conduct an advance ACF pre-approved alternative methodology, then reporting of percentiles is not required.

- a. Fill in the table below based on the most populous area of the State (area serving highest number of children accessing CCDF)

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate	Unit of time (daily, weekly or monthly)	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology only, or in addition to an MRS, what percent of the estimated cost of care is the base rate?	Citation or link to payment rates
Infant (6 months) Center care	\$33.50	Daily	75%		<a href="https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/forms-documents/">https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/forms-documents/</a>

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate	Unit of time (daily, weekly or monthly)	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology only, or in addition to an MRS, what percent of the estimated cost of care is the base rate?	Citation or link to payment rates
Toddler (18 months) Center care	<b>\$32.00</b>	<b>Daily</b>	<b>75%</b>		<a href="https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/forms-documents/">https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/forms-documents/</a>
Preschooler (4 years) Center care	<b>\$30.00</b>	<b>Daily</b>	<b>75%</b>		<a href="https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/forms-documents/">https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/forms-documents/</a>
School-age child (6 years) Center care	<b>\$28.50</b>	<b>Daily</b>	<b>75%</b>		<a href="https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/forms-documents/">https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/forms-documents/</a>
Infant (6 months) Family Child Care	<b>\$33.50</b>	<b>Daily</b>	<b>75%</b>		<a href="https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/forms-documents/">https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/forms-documents/</a>
Toddler (18 months) Family Child Care	<b>\$32.00</b>	<b>Daily</b>	<b>75%</b>		<a href="https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/forms-documents/">https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/forms-documents/</a>
Preschooler (4 years)	<b>\$30.00</b>	<b>Daily</b>	<b>75%</b>		<a href="https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/forms-documents/">https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/forms-documents/</a>

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate	Unit of time (daily, weekly or monthly)	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology only, or in addition to an MRS, what percent of the estimated cost of care is the base rate?	Citation or link to payment rates
Family Child Care					<a href="#">early-childhood-education/forms-documents/</a>
School-age child (6 years) Family Child Care	\$28.50	Daily	75%		<a href="https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/forms-documents/">https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/forms-documents/</a>

- b. Describe how part-time and full-time care were defined and calculated.  
**Full-time is defined as a minimum of 8 hours per day. Part-time is defined as less than 8 hours per day. Part-time is calculated at 50% of the full-time rate.**
- c. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). **Rate are projected to be effective by October 1, 2021.**
- d. Identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above. **Pulaski County**
- e. Provide the citation or link, if available, to the payment rates.  
**<https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/forms-documents/>**
- f. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).  
**Payment rates are set by the Lead Agency.**

4.3.2 Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

- ☒ a. Geographic area. Describe: **Arkansas's rates are set using two geographic areas, urban and rural. Counties within the metro areas with populations under 250,000 (continuum codes 1,2, or 3) are classified as urban based on the 2013 Rural-Urban Continuum Codes from the US Department of Agriculture's Economic Research Services.**
- ☐ b. Type of provider. Describe: *Click or tap here to enter text.*
- ☒ c. Age of child. Describe: **Provider rates vary depending on the age of the child. Rates decrease as the child increases in age.**
- ☒ d. Quality level. Describe: **DCCECE uses tiered reimbursement rates for child care subsidies. These rates are set by urban and rural geographic location and do not differ for center-based and family child care programs. Reimbursement rates are higher as the quality levels increase.**
- ☐ e. Other. Describe: *Click or tap here to enter text.*

4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care.

Check and describe the types of tiered reimbursement or differential rates, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS and/or an ACF pre-approved alternative methodology. Check and describe all that apply.

- ☐ a. Tiered or differential rates are not implemented. [Click or tap here to enter text.](#)
- ☒ b. Differential rate for non-traditional hours. Describe: **The tiered reimbursement rates are increased by up to \$5.00 for night and weekend care. The MRS was used to set all of Arkansas's tiered reimbursement rates.**
- ☒ c. Differential rate for children with special needs, as defined by the state/territory. Describe: **Reimbursement rates are increased by up to 50% of the tiered reimbursement rate, depending on the needs of the child. The MRS was used to set all of Arkansas's tiered reimbursement rates.**
- ☐ d. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe: [Click or tap here to enter text.](#)
- ☐ e. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe: [Click or tap here to enter text.](#)
- ☒ f. Differential rate for higher quality, as defined by the state/territory. Describe: **DCCECE uses tiered reimbursement rates for child care subsidies. These rates are set by urban and rural geographic location and do not differ for center-based and family child care programs. Reimbursement rates are higher as the quality levels increase. The MRS was used to set all of Arkansas's tiered reimbursement rates.**
- ☐ g. Other differential rates or tiered rates. Describe: [Click or tap here to enter text.](#)

#### 4.3.4 Establishment of adequate payment rates.

- a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF. How have the base payment rates been established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis. Note: Per the preamble (81 FR 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result. **The MRS revealed reimbursement rates were not sufficient for providers to meet health, safety, quality, and staffing requirements. DCCECE has increased base payment rates by up to 27%.**
- b. Describe the process used for setting rates, including how the Lead Agency factors in the cost of care, particularly increased costs and provider fees because of COVID-19. **A MRS was used to set payment rates. DCCECE has increased base payment rates by up to 24% per day.**
- c. N/A. Check here if a waiver has been requested. ☐

- 4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures). **DCCECE took the cost of higher quality into account when setting new provider rates. Payment increases were made across all levels of our QRIS system. Payment were increased as follows: QRIS level 1 was increase by up to 27%, QRIS level 2 was increase by up to 29%, and QRIS level 3 was increase by up to 67%.**
- 4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.  
[Click or tap here to enter text.](#)

#### 4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

4.4.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

- a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):
  - ☒ i. Paying prospectively prior to the delivery of services. Describe the policy or procedure. **DHS agrees to reimburse the child care provider for services delivered in compliance with the CCDF Participant Agreement. The provider may bill immediately after the Certificate of Authorization has been received and services are rendered.**
  - ☐ ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services. Describe the policy or procedure. **The provider may bill immediately after the Certificate of Authorization has been received and services are rendered. Payment is generally direct deposited into the provider's account within 7-10 business days.**
- b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: Note: The Lead Agency is to choose at least one of the following:
  - ☐ i. Paying based on a child's enrollment rather than attendance. Describe the policy or procedure. [Click or tap here to enter text.](#)
  - ☐ ii. Providing full payment if a child attends at least 85 percent of the authorized time. Describe the policy or procedure. [Click or tap here to enter text.](#)
  - ☐ iii. Providing full payment if a child is absent for five or fewer days in a month. Describe the policy or procedure. [Click or tap here to enter text.](#)
  - ☒ iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan. If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach. **Child care providers may bill and be reimbursed for up to 10 holidays per calendar year. They are also allowed to bill a maximum of 40 absentee days per child per calendar year. Absentee billing is allowed as follows: July – October 12 days, not to exceed 6 in a given month; November – February 16 days, not to exceed 8 in a given month; March – June 12 days, not to exceed 6 in a given month.**
- c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).
  - i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time). Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time). **Child Care providers are paid, according to the need of the family, in increments of either part-time, full-time, and nights/weekends care. The time increments are defined as follows: Part-time- less than 8 hours per day, Full-time- 8 or more hours per day, and night/weekend- care provided Monday-Friday where over half of the total hours of care are past 6:00p.m and care provided between 6:00a.m. Saturday through 11:59p.m. Sunday.**
  - ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents. Describe the policy or procedure. **Child care providers may charge families additional reasonable fees including, but not limited to, registration, late pick-**



up, late payment fee, insurance, and materials. They also have the option to charge the client for absentee days that exceed the limit allowed by DCCECE. Any reasonable charges must be fully disclosed in a document to families and available to DHS upon request. Reasonable fees must not exceed fees paid by private pay clients. TANF and foster care families are exempt from all fees.

- d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe: **DHS will reimburse Child care providers in accordance to the written arrangement outlined in the CCDF Program Participant Agreement. Providers can bill for services based on the electronic DHS Certificate of Authorization. The certificate does not include reasonable charges to parents for special events outside the usual daily program costs. Further, the Agreement gives instructions for participants to appeal any adverse action taken by DHS including audit, billing, payment, or termination.**
- e. The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur. Describe:
- f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe: **Child care providers are notified through the Child Care Billing System electronically when a child's authorization is changed. In addition, DCCECE staff are required to contact the provider regarding changes to a client's eligibility status that could impact payment.**
- g. Other. Describe: [Click or tap here to enter text.](#)



4.4.2 Do payment practices vary across regions, counties, and/or geographic areas?

- ☒ No, the practices do not vary across areas.
- ☐ Yes, the practices vary across areas. Describe: [Click or tap here to enter text.](#)

4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers. **Arkansas currently has 1945 Licensed Child Care Providers. Of the 1945 Licensed Child Care Providers, 1008 of them are CCDF Providers. All CCDF providers may bill immediately after the Certificate of Authorization has been received and services are rendered. Payment is generally direct deposited into the provider's account within 7-10 business days.**

4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF funds (98.16 (k))? Check all that apply.

- ☒ a. Limit the maximum co-payment per family. Describe: **The copay is a percentage of the child care provider's rate. Families choosing a Better Beginnings Level 1 provider have a 6% copay per child. Families choosing a Better Beginnings Level 2 provider have a 4% copay per child. Families choosing a Better Beginnings Level 3 provider have a 2% copay per child. The percentages are based on the child care provider's rate.**
- ☐ b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and describe.  
[Click or tap here to enter text.](#)
- ☐ c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.2.5. Describe: [Click or tap here to enter text.](#)
- ☐ d. Other. Describe: [Click or tap here to enter text.](#)

4.5.2 To support parental choice and equal access to the full range of child care options, does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

- ☐ No
- ☒ Yes. If yes:

- i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families. **DCCECE allows child care providers to charge a maximum of 15% of the difference between the state rate and their private pay rate i.e. if the private pay rate is \$40.00 per day and the state rate is \$33.50 per day, the provider may charge the family an additional \$0.98 per child, per day.**
- ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.  
**DCCECE will implement this requirement October 1, 2021.**

DRAFT

- iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment and the ability of current subsidy payment rates to provide access to care without additional fees.

**DCCECE will implement this requirement October 1, 2021.**

## 5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers of child care in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

## 5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

- 5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below. Check, identify, and describe all that apply, and provide a citation to the licensing rule.

- ☒ a. Center-based child care.
  - i. Identify the providers subject to licensing: **Any facility that is open for more than five (5) hours during a twenty-four (24) hour period or more than a total of ten (10) hours during a seven (7) day period is considered a child care center and shall be subject to the provisions of the Child Care Facility Licensing Act.**
  - ii. Describe the licensing requirements: ***Minimum Licensing Requirements for Child Care Centers, Section 101* explains the related laws and requirements that entities seeking licensure would need to follow.**
  - iii. Provide the citation: <https://humanservices.arkansas.gov/wp-content/uploads/2020-Child-Care-centers.pdf>
- ☒ b. Family child care. Describe and provide the citation:
  - i. Identify the providers subject to licensing: **A home requires licensing when one (1) or more persons care for six (6) or more children, from more than one (1) family at the same time. A maximum of sixteen (16) children may be cared for with a Child Care Family Home license.**
  - ii. Describe the licensing requirements: ***Minimum Licensing Requirements for Child Care Family Homes, Section 102.4* explains the related laws and requirements that individuals seeking licensure would need to follow.**
  - iii. Provide the citation: <https://humanservices.arkansas.gov/wp-content/uploads/2020-Child-Care-Family-Home.pdf>
- ☒ c. In-home care (care in the child's own) (if applicable):
  - i. Identify the providers subject to licensing: **An individual selected by the family to provide the day care to five (5) or less children in the child(ren)'s own home. The In-Home Registration is not valid for child care provided outside the child(ren)'s own home.**

- ii. Describe the licensing requirements: **Minimum Licensing Requirements for Registered Child Care Family Homes**, Section 103 explains the related laws and requirements that individuals seeking licensure would need to follow.
- iii. Provide the citation: <https://humanservices.arkansas.gov/wp-content/uploads/2020-Registered-Child-Care-Family-Home.pdf>

5.1.2 Identify the providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

- ☒ a. License-exempt center-based child care. Describe and provide the citation: **The State of Arkansas does not allow for license-exempt child care.**
  - i. Identify the center-based child care providers who are exempt from licensing requirements. [Click or tap here to enter text.](#)
  - ii. Of the programs listed above, identify which are CCDF-eligible providers [Click or tap here to enter text.](#)
  - iii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.: [Click or tap here to enter text.](#)
  - iv. Describe how the exemptions do not endanger the health, safety, and development of children. [Click or tap here to enter text.](#)
- ☒ b. Family child care. Describe and provide the citation: **The State of Arkansas does not allow for license-exempt child care.**
  - i. Identify the family child care providers who are exempt from licensing requirements. [Click or tap here to enter text.](#)
  - ii. Of the programs listed above, identify which are CCDF-eligible providers. [Click or tap here to enter text.](#)
  - iii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. [Click or tap here to enter text.](#)
  - iv. Describe how the exemptions do not endanger the health, safety, and development of children. [Click or tap here to enter text.](#)
- ☐ c. In-home care (care in the child's own home). Describe and provide the citation (if applicable): Family child care. Describe and provide the citation: **The State of Arkansas does not allow for license-exempt child care.**
  - i. Identify the in-home care (care in the child's own home) providers who are exempt from licensing requirements. [Click or tap here to enter text.](#)
  - ii. Of the programs listed above, identify which are CCDF-eligible providers. [Click or tap here to enter text.](#)

- iii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.  
[Click or tap here to enter text.](#)
- iv. Describe how the exemptions do not endanger the health, safety, and development of children. [Click or tap here to enter text.](#)

## 5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

### 5.2.1 Describe how the state/territory defines the following age classifications.

- a. Infant. Describe: **Birth – 18 months**
- b. Toddler. Describe: **18 months – 36 months**
- c. Preschool. Describe: **2 ½ - 5 years**
- d. School-Age. Describe: **Kindergarten and above**

### 5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

- a. Licensed CCDF center-based care:
  - i. Infant
    - A. Ratio: **1:5**
    - B. Group size: **10**
  - ii. Toddler
    - A. Ratio: **1:8**
    - B. Group size: **16**
  - iii. Preschool
    - A. Ratio: **2 ½ - 3 is 1:12, 4 years is 1:15, 5 years is 1:18**
    - B. Group size: **2 ½ - 3 is 24, 4 years is 30, 5 years is 36**
  - iv. School-Age
    - A. Ratio: **Kindergarten and above is 1:18**
    - B. Group size: **Kindergarten and above is 36**
  - v. Mixed-Age Groups (if applicable)
    - A. Ratio: **The staff/child ratio shall meet the requirements for the youngest child in the group.**
    - B. Group size: **The group size is limited to twice the number of children allowed with one staff member.**

- vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

**The State of Arkansas does not allow for license-exempt child care centers.**

- b. Licensed CCDF family child care home providers:

- i. Mixed-Age Groups

A. Ratio: [Click or tap here to enter text.](#)

B. Group size: **The group size is the same as the licensed capacity of the licensed child care family home.**

- ii. Infant (if applicable)

A. Ratio:

**300**

**301 Staff/Child Ratios**

**301.1 One Caregiver:**

A. 3-6 children ages 0-up (no more than 3 under 2 years)

B. 7 children ages 0-up (no more than 2 under 2 years)

C. 8 children ages 0-up (no more than 1 under 2 years)

D. 9 children ages 2-up (no more than 3 between 2 & 3 years)

E. 10 children ages 3-up

**301.2 Two Caregivers:**

A. 3-6 children ages 0-up

B. 7 children ages 0-up (no more than 4 under 2 years)

C. 8 children ages 0-up (no more than 4 under 2 years)

D. 9 children ages 0-up (no more than 4 under 2 years)

E. 10-14 children ages 0-up (no more than 4 under 2 years)

F. 15-16 children ages 0-up (no more than 2 under 2 years)

**301.3 Three Caregivers**

A. 7 children ages 0-up (no more than 5 under 2 years)

B. 8 children ages 0-up (no more than 5 under 2 years)

C. 9 children ages 0-up (no more than 5 under 2 years)

D. 10-14 children ages 0-up (no more than 5 under 2 years)

E. 15-16 children ages 0-up (no more than 4 under 2 years)

B. Group size: **The group size is the same as the licensed capacity of the licensed child care family home.**

- iii. Toddler (if applicable)

A. Ratio:

**300**

**301 Staff/Child Ratios**

**301.1 One Caregiver:**

- A. 3-6 children ages 0-up (no more than 3 under 2 years)
- B. 7 children ages 0-up (no more than 2 under 2 years)
- C. 8 children ages 0-up (no more than 1 under 2 years)
- D. 9 children ages 2-up (no more than 3 between 2 & 3 years)
- E. 10 children ages 3-up

**301.2 Two Caregivers:**

- A. 3-6 children ages 0-up
- B. 7 children ages 0-up (no more than 4 under 2 years)
- C. 8 children ages 0-up (no more than 4 under 2 years)
- D. 9 children ages 0-up (no more than 4 under 2 years)
- E. 10-14 children ages 0-up (no more than 4 under 2 years)
- F. 15-16 children ages 0-up (no more than 2 under 2 years)

**301.3 Three Caregivers**

- A. 7 children ages 0-up (no more than 5 under 2 years)
- B. 8 children ages 0-up (no more than 5 under 2 years)
- C. 9 children ages 0-up (no more than 5 under 2 years)
- D. 10-14 children ages 0-up (no more than 5 under 2 years)
- E. 15-16 children ages 0-up (no more than 4 under 2 years)

Click or tap here to enter text.

B. Group size: **The group size is the same as the licensed capacity of the licensed child care family home.**

iv. Preschool (if applicable)



A. Ratio: [Click or tap here to enter text.](#)

**300**

**301 Staff/Child Ratios**

**301.1 One Caregiver:**

- A. 3-6 children ages 0-up (no more than 3 under 2 years)**
- B. 7 children ages 0-up (no more than 2 under 2 years)**
- C. 8 children ages 0-up (no more than 1 under 2 years)**
- D. 9 children ages 2-up (no more than 3 between 2 & 3 years)**
- E. 10 children ages 3-up**

**301.2 Two Caregivers:**

- A. 3-6 children ages 0-up**
- B. 7 children ages 0-up (no more than 4 under 2 years)**
- C. 8 children ages 0-up (no more than 4 under 2 years)**
- D. 9 children ages 0-up (no more than 4 under 2 years)**
- E. 10-14 children ages 0-up (no more than 4 under 2 years)**
- F. 15-16 children ages 0-up (no more than 2 under 2 years)**

**301.3 Three Caregivers**

- A. 7 children ages 0-up (no more than 5 under 2 years)**
- B. 8 children ages 0-up (no more than 5 under 2 years)**
- C. 9 children ages 0-up (no more than 5 under 2 years)**
- D. 10-14 children ages 0-up (no more than 5 under 2 years)**
- E. 15-16 children ages 0-up (no more than 4 under 2 years)**

B. Group size: **The group size is the same as the licensed capacity of the licensed child care family home.**

v. School-Age (if applicable)

A. Ratio: [Click or tap here to enter text.](#)

**300**

**301 Staff/Child Ratios**

**301.1 One Caregiver:**

- A. 3-6 children ages 0-up (no more than 3 under 2 years)
- B. 7 children ages 0-up (no more than 2 under 2 years)
- C. 8 children ages 0-up (no more than 1 under 2 years)
- D. 9 children ages 2-up (no more than 3 between 2 & 3 years)
- E. 10 children ages 3-up

**301.2 Two Caregivers:**

- A. 3-6 children ages 0-up
- B. 7 children ages 0-up (no more than 4 under 2 years)
- C. 8 children ages 0-up (no more than 4 under 2 years)
- D. 9 children ages 0-up (no more than 4 under 2 years)
- E. 10-14 children ages 0-up (no more than 4 under 2 years)
- F. 15-16 children ages 0-up (no more than 2 under 2 years)

**301.3 Three Caregivers**

- A. 7 children ages 0-up (no more than 5 under 2 years)
- B. 8 children ages 0-up (no more than 5 under 2 years)
- C. 9 children ages 0-up (no more than 5 under 2 years)
- D. 10-14 children ages 0-up (no more than 5 under 2 years)
- E. 15-16 children ages 0-up (no more than 4 under 2 years)

B. Group size: **The group size is the same as the licensed capacity of the licensed child care family home.**

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

**The State of Arkansas does not allow for license-exempt family child care home providers.**

c. Licensed in-home care (care in the child's own home):

i. Mixed-Age Groups (if applicable)

A. Ratio: **1:5**

B. Group size: **5**

ii. Infant (if applicable)

A. Ratio: **1:5**

B. Group size: **5**

iii. Toddler (if applicable)

A. Ratio: **1:5**

B. Group size: **5**

iv. Preschool (if applicable)

- A. Ratio: **1:5**
- B. Group size: **5**
- v. School-Age (if applicable)
  - A. Ratio: **1:5**
  - B. Group size: **5**
- vi. Describe the ratio and group size requirements for license-exempt in-home care.  
**The State of Arkansas does not allow for license-exempt in-home care.**

5.2.3 Provide the teacher/caregiver qualifications for each category of care.

a. Center-Based Care

- i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care: **Staff members in a child care center shall be eighteen (18) years of age or older. All staff members who work directly with children shall have a high school diploma or GED. All staff members who work directly with children shall obtain fifteen (15) hours of training each year in continuing Early Childhood Education. All staff members caring for children shall be able to perform necessary job functions.**
- ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: **Directors shall be twenty-one (21) years of age or older, and provide documentation of one of the following educational levels (Directors previously approved prior to the implementation of these requirements may continue in their position and do not have to meet these educational levels): Bachelor's Degree or higher Degree in Early Childhood, Child Development or a related field from a regionally accredited college or university. (Determination of "related field" shall be made by the division) Bachelor's Degree in a non-related field from a regionally accredited college or university plus one of the following: - Four years of experience in early childhood education - Current Child Development Associate Credential (CDA) - Birth - Pre K Credential.**
- iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers: **The State of Arkansas does not allow for license-exempt child care centers.**
- iv. If applicable, provide the website link detailing the center-based teacher and director qualifications. **Staff requirements can be found in Section 303 of the Minimum Licensing Requirements for Child Care Centers located here**  
<https://humanservices.arkansas.gov/wp-content/uploads/2020-Child-Care-centers.pdf>

b. Family Child Care

- i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **The primary caregiver shall be twenty-one (21) years of age or older. Secondary caregivers shall be eighteen (18) years of age or older. All caregivers shall have a high school diploma or GED. All caregivers who work directly with children shall obtain at least fifteen (15) hours a year of training.**

- ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes: **The State of Arkansas does not allow for any license-exempt family child care homes.**
- iii. If applicable, provide the website link detailing the family child care home provider qualifications: <https://humanservices.arkansas.gov/wp-content/uploads/2020-Child-Care-Family-Home.pdf>
- c. In-Home Care (care in the child's own home)
  - i. Describe the qualifications for in-home care providers (care in the child's own home) including any variations based on the ages of children in care:  
**Registered Home primary caregivers shall be eighteen (18) years of age or older and have a high school diploma or GED.**
  - ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:  
**The State of Arkansas does not allow for license-exempt in-home care providers.**  
<https://humanservices.arkansas.gov/wp-content/uploads/2020-Registered-Child-Care-Family-Home.pdf>

5.3 Health and Safety Standards and Training for CCDF Providers

Lead Agencies must have ongoing training requirements for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are also required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

States and territories must have health and safety standards for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives because Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(I)) identified in questions 5.3.2 – 5.3.13.

- 5.3.1 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):
- Licensed child care centers: **Licensed child care center caregivers must have fifteen (15) hours of on-going training annually in continuing early childhood education. The training shall be geared towards the age of children they spend most of their time with.**
  - Licensed family child care homes: **Licensed child care family child care home providers must have fifteen (15) hours of on-going training annually including child development training.**
  - In-home care: **Registered child care family home providers must have fifteen (15) hours of on-going training annually including child development training.**
  - Describe any variations for license-exempt provider settings: **The State of Arkansas does not allow for any license-exempt in-home care providers.**
- 5.3.2 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.
- Standard
    - Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. **No child or staff shall be admitted who has a contagious or infectious disease. Possible symptoms of contagious or infectious diseases would include: fever over 101, diarrhea, vomiting, and rashes. See Section 1101 of the Minimum Licensing Requirements for Child Care Centers located here: <https://humanservices.arkansas.gov/wp-content/uploads/2020-Child-Care-centers.pdf>**

- ii. Describe any variations in the standard by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

**These requirements apply to all license types.**

- iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for the standard, including citations for both licensed and license-exempt providers. **See Section 1101 of the Minimum Licensing Requirements for Child Care Centers located here:**  
<https://humanservices.arkansas.gov/wp-content/uploads/2020-Child-Care-centers.pdf> **The State of Arkansas does not allow for any exempt providers.**

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Minimum Licensing Requirements Section 300 All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. Introduction (eight (8) clock hours) Proper supervision of children; Behavioral guidance practices; Safe sleep practices for infants; Shaken baby syndrome; which includes prevention (Carter's Law, Act 1208); Appropriately responding to a crying or fussy infant or child; Emergency procedures in the event of severe weather, or fire, including evacuation procedures and routes, and location and use of fire extinguishers; Mandated reporter training; Administering medication; Caring for children with special needs or care plans; Transportation and car seat safety; Policies regarding release of children to authorized individuals; Prevention and control of infectious diseases; Building and physical premises safety, including the identification of, and protection from, hazards, bodies of water, and vehicular traffic; Nutrition and physical activities; Prevention and response to food sensitivities and allergic reactions; Basic child development and the handling and storage of hazardous materials and the appropriate disposal of bio contaminants.**
- ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? **There are no variations in training requirements for this standard. The State of Arkansas does not allow for any exempt providers.**
- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
  - ☐ Pre-Service
  - ☒ Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☒ Yes

☐ No

- v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**

5.3.3 Prevention of sudden infant death syndrome and the use of safe-sleep practices.

a. Standard

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. **The Minimum Licensing Requirements mandate that all staff must receive training on safe sleep practices for infants and toddlers and include provisions for specific regulations identified in Sections 300 and 1003. These specific practices are listed below.**
- ii. Describe any variations in the standard by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. **In addition to the above requirements, Minimum Licensing Requirements for Child Care Family Homes and Registered Child Care Family Homes state: Waterbeds shall not be used for sleeping children under the age of two (2) years. Doors in rooms where children are sleeping shall remain open. Minimum Licensing Requirements for Registered Child Care Family Homes state: Playpens or cribs shall not be placed near dangling cords. The State of Arkansas does not allow for any exempt providers.**
- iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. **Within the Minimum Licensing Requirements section 300, it states all staff shall be trained on safe sleep practices for infants. Section 1003 also addresses the following specific requirements for infant sleep practices:**

**Sleeping infants and toddlers shall be visually monitored at all times and physically checked regularly for breathing.**

**Infants and toddlers shall be placed in age appropriate cribs, cots, or mats meeting Consumer Product Safety Commission (CPSC) standards, for when they fall asleep.**

**Infants (children twelve (12) months of age and below) shall be placed flat on their backs to sleep, in accordance with American Academy of Pediatrics guidelines, to lessen the risk of suffocation and Sudden Infant Death Syndrome (SIDS).**

**Infants' sleep space (e.g. crib) shall be free of loose bedding.**

**Swaddling infants is not recommended and shall require a note from the child's physician**

**if continued past the age of three (3) months.**

**Pillows (including nursing or “boppy” pillows), bumpers and bumper pads, and stuffed animals shall not be placed in cribs.**

**Bibs, necklaces, and garments with ties or hoods shall be removed from infants prior to rest and naptime to reduce the risk of entanglement and strangulation while the child is sleeping.**

**Any cribs or playpens that have been identified as unsafe or have been subject to recall as defined by the Consumer Products Safety Commission (CPSC) guidelines or law, shall be removed or repaired as indicated.**

**An individually labeled crib or safe playpen with a waterproof mattress shall be provided for each child less than twelve (12) months of age. A bassinet shall not be used.**

**The following guidelines shall be required for cribs: Slats shall be no greater than two and three-eighths inches (2/3/8") apart; Cribs that have end panels with decorative cutout areas shall not be used; Mattresses shall fit snugly in the crib, be waterproof, and in good repair; The space between crib and mattress shall measure no more than one inch (1"); Corner posts shall be the same height as end panels; and End panels shall extend below mattress at the lowest position of the mattress.**

**Crib bedding shall be changed daily or more frequently when wet or soiled.**

**The State of Arkansas does not allow for any exempt providers.**



b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Minimum Licensing Requirements Section 300 All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. Introduction (eight (8) clock hours) Proper supervision of children; Behavioral guidance practices; Safe sleep practices for infants; Shaken baby syndrome; which includes prevention (Carter's Law, Act 1208); Appropriately responding to a crying or fussy infant or child; Emergency procedures in the event of severe weather, or fire, including evacuation procedures and routes, and location and use of fire extinguishers; Mandated reporter training; Administering medication; Caring for children with special needs or care plans; Transportation and car seat safety; Policies regarding release of children to authorized individuals; Prevention and control of infectious diseases; Building and physical premises safety, including the identification of, and protection from, hazards, bodies of water, and vehicular traffic; Nutrition and physical activities; Prevention and response to food sensitivities and allergic reactions; Basic child development; and the handling and storage of hazardous materials and the appropriate disposal of bio contaminants.**
- ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? **There are no variations in training requirements for this standard. The State of Arkansas does not allow for any exempt providers.**
- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.  
☐ Pre-Service  
☒ Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
☒ Yes  
☐ No
- v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.  
**All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**

5.3.4 Administration of medication, consistent with standards for parental consent.

a. Standard

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. **Minimum Licensing Requirements**

**Section 1100 outlines standards for administration of medication. The specific requirements are outlined below.**

- ii. Describe any variations in the standard by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. **There are no variations in the standard by category of care. The State of Arkansas does not allow for any exempt providers.**
- iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. **Medication shall be given to children only with signed parental permission which includes date, type, drug name, time and dosage, length of time to give medication, and what the medication is being given for. It shall be in the original container with a child resistant cap, not have an expired date, and be labeled with the child's name. (Aspirin substitutes, such as ibuprofen and acetaminophen, may be provided by the facility if parental permission has been granted. These medications shall be in the original container.) Staff shall not dispense medications in dosages that exceed the recommendations stated on the medication bottle.**

**Children with special health care needs (ex. asthma, seizures, diabetes, etc.) who require scheduled daily medications or medications to be given on an emergent basis (Benadryl, EpiPen, rescue asthma medication, etc.) shall have a care plan. Care plans shall have clearly stated parameters, directions, and symptoms for giving the medications. Care plans shall be updated as needed, but at least yearly.**

**The facility shall share information with families regarding medical homes for children.**

**Medication shall be returned to the parent or disposed of properly when a child withdraws from the program or when the medication is out of date.**

**Medicine shall be stored at the proper temperature, separately from food at all times.**

**Medicine shall be kept out of the reach of the children when dispensing and shall be stored in a locked area at all other times.**

**The staff person who administers the medication shall initial the permission slip and record the date, time, and dosage administered.**

**The facility shall follow any health or medical care plans and medical documentation as provided by the child's physician, parent, or guardian. Minimum Licensing Requirements Section 1100 outlines standards for administration of medication.**

**b. Pre-Service and Ongoing Training**

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Minimum Licensing Requirements Section 300 All new staff, including volunteers who are counted in the ratios, shall receive the following**

orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. Introduction (eight (8) clock hours) Proper supervision of children; Behavioral guidance practices; Safe sleep practices for infants; Shaken baby syndrome; which includes prevention (Carter's Law, Act 1208); Appropriately responding to a crying or fussy infant or child; Emergency procedures in the event of severe weather, or fire, including evacuation procedures and routes, and location and use of fire extinguishers; Mandated reporter training; Administering medication; Caring for children with special needs or care plans; Transportation and car seat safety; Policies regarding release of children to authorized individuals; Prevention and control of infectious diseases; Building and physical premises safety, including the identification of, and protection from, hazards, bodies of water, and vehicular traffic; Nutrition and physical activities; Prevention and response to food sensitivities and allergic reactions; Basic child development; and the handling and storage of hazardous materials and the appropriate disposal of bio contaminants.

- ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? **There are no variations in the standard by category of care. The State of Arkansas does not allow for any exempt providers.**
- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
  - ☐ Pre-Service
  - ☒ Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
  - ☒ Yes
  - ☐ No
- v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**

5.3.5 Prevention of and response to emergencies due to food and allergic reactions.

a. Standard

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. **Minimum Licensing Requirements Section 306 requires all staff to be trained in prevention and response to food sensitivities and allergic reactions. Section 1101 states: The facility shall follow any health or medical care plans. This would include any instructions regarding the child's allergies.**

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.  
**There are no variations in training requirements for this standard. The State of Arkansas does not allow for any exempt providers.**
- i. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. **Section 306 requirement number 4.o states: All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. Prevention and response to food sensitivities and allergic reactions. Section 1101 states: The facility shall follow any health or medical care plans. Section 103 requirement number 6, Compliance states: On-site inspections of Child Care Centers are conducted by the Child Care Licensing Unit on a routine basis to determine a facility's continued compliance with the standards. The caregiver shall cooperate with licensing staff during licensing visits and investigations. Violations of rules are documented in writing by use of the licensing compliance record.**
- b. Pre-Service and Ongoing Training
  - i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Minimum Licensing Requirements Section 300 All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. Introduction (eight (8) clock hours) Proper supervision of children; Behavioral guidance practices; Safe sleep practices for infants; Shaken baby syndrome; which includes prevention (Carter's Law, Act 1208); Appropriately responding to a crying or fussy infant or child; Emergency procedures in the event of severe weather, or fire, including evacuation procedures and routes, and location and use of fire extinguishers; Mandated reporter training; Administering medication; Caring for children with special needs or care plans; Transportation and car seat safety; Policies regarding release of children to authorized individuals; Prevention and control of infectious diseases; Building and physical premises safety, including the identification of, and protection from, hazards, bodies of water, and vehicular traffic; Nutrition and physical activities; Prevention and response to food sensitivities and allergic reactions; Basic child development; and the handling and storage of hazardous materials and the appropriate disposal of bio contaminants.**
  - ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? **There are no variations in the standard by category of care. The State of Arkansas does not allow for any exempt providers.**
  - iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- ☐ Pre-Service
- ☒ Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- ☒ Yes
- ☐ No

v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**

5.3.6 Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic.

a. Standard

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. **Minimum Licensing Requirements Section 800 addresses building safety. Child care programs must adhere to, to include but not limited to, the following: Arkansas Fire Prevention Codes, State Health Department requirements, Department of Labor requirement, ensure infant and toddlers rooms are separate from the activity of other children, building and physical premises safety, including the identification of, and protection from, hazards, bodies of water, and vehicular traffic.**
- ii. Describe any variations in the standard by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. **There are no variations in the standard by category of care. The State of Arkansas does not allow for any exempt providers.**
- iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. **Section 103 requirement number 6, Compliance states: On-site inspections of Child Care Centers are conducted by the Child Care Licensing Unit on a routine basis to determine a facility's continued compliance with the standards. The caregiver shall cooperate with licensing staff during licensing visits and investigations. Violations of rules are documented in writing by use of the licensing compliance record.**

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Minimum Licensing Requirements Section 300 All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. Introduction (eight (8)**

clock hours) Proper supervision of children; Behavioral guidance practices; Safe sleep practices for infants; Shaken baby syndrome; which includes prevention (Carter's Law, Act 1208); Appropriately responding to a crying or fussy infant or child; Emergency procedures in the event of severe weather, or fire, including evacuation procedures and routes, and location and use of fire extinguishers; Mandated reporter training; Administering medication; Caring for children with special needs or care plans; Transportation and car seat safety; Policies regarding release of children to authorized individuals; Prevention and control of infectious diseases; Building and physical premises safety, including the identification of, and protection from, hazards, bodies of water, and vehicular traffic; Nutrition and physical activities; Prevention and response to food sensitivities and allergic reactions; Basic child development; and q. The handling and storage of hazardous materials and the appropriate disposal of bio contaminants.

- ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? **There are no variations in the standard by category of care. The State of Arkansas does not allow for any exempt providers.**
- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
  - ☐ Pre-Service
  - ☒ Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
  - ☒ Yes
  - ☐ No
- v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.  
**All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**

5.3.7 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

a. Standard

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. **Section 306 requirement number 4.d states: All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. Shaken baby syndrome, which includes prevention (Carter's Law, Act 1208). In addition, child care providers must distribute Department of Health approved/developed materials on prevention of Shaken Baby Syndrome to all parents of infants, upon enrollment.**

- ii. Describe any variations in the standard by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.  
**There are no variations in the standard by category of care. The State of Arkansas does not allow for any exempt providers.**
  - iii. The Lead Agency must certify that the identified health and safety standard is in effect. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. **Section 400 requirement states: Written documentation of receipt of Department of Health approved/developed materials by each parent, with a signature, shall be placed in the child's file. Section 103 requirement number 6, Compliance states: On-site inspections of Child Care Centers are conducted by the Child Care Licensing Unit on a routine basis to determine a facility's continued compliance with the standards. The caregiver shall cooperate with licensing staff during licensing visits and investigations. Violations of rules are documented in writing by use of the licensing compliance record.**
- b. Pre-Service and Ongoing Training
- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Minimum Licensing Requirements Section 300 All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. Introduction (eight (8) clock hours) Proper supervision of children; Behavioral guidance practices; Safe sleep practices for infants; Shaken baby syndrome; which includes prevention (Carter's Law, Act 1208); Appropriately responding to a crying or fussy infant or child; Emergency procedures in the event of severe weather, or fire, including evacuation procedures and routes, and location and use of fire extinguishers; Mandated reporter training; Administering medication; Caring for children with special needs or care plans; Transportation and car seat safety; Policies regarding release of children to authorized individuals; Prevention and control of infectious diseases; Building and physical premises safety, including the identification of, and protection from, hazards, bodies of water, and vehicular traffic; Nutrition and physical activities; Prevention and response to food sensitivities and allergic reactions; Basic child development; and the handling and storage of hazardous materials and the appropriate disposal of bio contaminants.**
  - ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? **There are no variations in the standard by category of care. The State of Arkansas does not allow for any exempt providers.**
  - iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
    - ☒ Pre-Service
    - ☐ Orientation within three (3) months of hire
  - iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- ☒ Yes  
☐ No

- v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**

- 5.3.8 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

a. Standard

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. **Section 306 number 3 requirement states: All new staff members who provide direct care to children shall receive a basic orientation on facility management policies, The Minimum Licensing Requirements, center schedules, and emergency procedures prior to providing care. This shall be documented in the employee file. Section 306 requirement number 4.f states: All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. Emergency Procedures in the event of severe weather, or fire, including evacuation procedures and routes, and location and use of fire extinguishers.**
- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. **There are no variations in the standard by category of care. The State of Arkansas does not allow for any exempt providers.**
- iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. **Section 103 requirement number 6, Compliance states: On-site inspections of Child Care Centers are conducted by the Child Care Licensing Unit on a routine basis to determine a facility's continued compliance with the standards. The caregiver shall cooperate with licensing staff during licensing visits and investigations. Violations of rules are documented in writing by use of the licensing compliance record.**

b. Pre-Service and Ongoing Training



- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Minimum Licensing Requirements Section 306 number 4(1) states: All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. Introduction (eight (8) clock hours) Proper supervision of children; Behavioral guidance practices; Safe sleep practices for infants; Shaken baby syndrome; which includes prevention (Carter's Law, Act 1208); Appropriately responding to a crying or fussy infant or child; Emergency procedures in the event of severe weather, or fire, including evacuation procedures and routes, and location and use of fire extinguishers; Mandated reporter training; Administering medication; Caring for children with special needs or care plans; Transportation and car seat safety; Policies regarding release of children to authorized individuals; Prevention and control of infectious diseases; Building and physical premises safety, including the identification of, and protection from, hazards, bodies of water, and vehicular traffic; Nutrition and physical activities; Prevention and response to food sensitivities and allergic reactions; Basic child development; and the handling and storage of hazardous materials and the appropriate disposal of bio contaminants.**
- ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? **There are no variations in the standard by category of care. The State of Arkansas does not allow for any exempt providers.**
- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.  
☐ Pre-Service  
☒ Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
☒ Yes  
☐ No
- v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.  
**All new staff, including volunteers who are counted in the ratios, shall receive an orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**

5.3.9 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

a. Standard

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. **Section 306 requirement number 4.q states: All new staff, including volunteers who are counted in the ratios, shall receive**

the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. The handling and storage of hazardous materials and the appropriate disposal of bio contaminants.

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

**There are no variations in the standard by category of care. The State of Arkansas does not allow for any exempt providers.**

- iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. **Section 103 requirement number 6, Compliance states: On-site inspections of Child Care Centers are conducted by the Child Care Licensing Unit on a routine basis to determine a facility's continued compliance with the standards. The caregiver shall cooperate with licensing staff during licensing visits and investigations. Violations of rules are documented in writing by use of the licensing compliance record.**

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Minimum Licensing Requirements Section 300 All new staff, including volunteers who are counted in the ratios, shall receive an orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. Introduction (eight (8) clock hours) Proper supervision of children; Behavioral guidance practices; Safe sleep practices for infants; Shaken baby syndrome; which includes prevention (Carter's Law, Act 1208); Appropriately responding to a crying or fussy infant or child; Emergency procedures in the event of severe weather, or fire, including evacuation procedures and routes, and location and use of fire extinguishers; Mandated reporter training; Administering medication; Caring for children with special needs or care plans; Transportation and car seat safety; Policies regarding release of children to authorized individuals; Prevention and control of infectious diseases; Building and physical premises safety, including the identification of, and protection from, hazards, bodies of water, and vehicular traffic; Nutrition and physical activities; Prevention and response to food sensitivities and allergic reactions; Basic child development; and the handling and storage of hazardous materials and the appropriate disposal of bio contaminants.**
- ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? **There are no variations in the standard by category of care. The State of Arkansas does not allow for any exempt providers.**
- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- ☐ Pre-Service
- ☒ Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
  - ☒ Yes
  - ☐ No
- v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.  
**All new staff, including volunteers who are counted in the ratios, shall receive an orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**

5.3.10 Precautions in transporting children (if applicable).

a. Standard

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. **Section 1300 requires but is not limited to the following: emergency contact information must be maintained on the vehicle at all times and all staff transporting the children must be at least twenty-one (21) years of age, Hold a current valid driver's licensing and at least one adult on the vehicle must be certified in Cardiopulmonary Resuscitation (CPR) and First Aid.**
- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.  
**There are no variations in the standard by category of care. The State of Arkansas does not allow for any exempt providers.**
- iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. **Section 103 requirement number 6, Compliance states: On-site inspections of Child Care Centers are conducted by the Child Care Licensing Unit on a routine basis to determine a facility's continued compliance with the standards. The caregiver shall cooperate with licensing staff during licensing visits and investigations. Violations of rules are documented in writing by use of the licensing compliance record.**

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Minimum Licensing Requirements Section 300 All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. Introduction (eight (8) clock hours) Proper supervision of children; Behavioral guidance practices; Safe sleep practices for infants; Shaken baby syndrome; which includes prevention (Carter's Law, Act 1208); Appropriately responding to a crying or fussy infant or child; Emergency procedures in the event of severe weather, or fire, including evacuation procedures and**

routes, and location and use of fire extinguishers; Mandated reporter training; Administering medication; Caring for children with special needs or care plans; Transportation and car seat safety; Policies regarding release of children to authorized individuals; Prevention and control of infectious diseases; Building and physical premises safety, including the identification of, and protection from, hazards, bodies of water, and vehicular traffic; Nutrition and physical activities; Prevention and response to food sensitivities and allergic reactions; Basic child development; and the handling and storage of hazardous materials and the appropriate disposal of bio contaminants.

- ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? **There are no variations in the standard by category of care. The State of Arkansas does not allow for any exempt providers.**

- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☐ Pre-Service

☒ Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☒ Yes

☐ No

- v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**All new staff, including volunteers who are counted in the ratios, shall receive an orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**

#### 5.3.11 Pediatric first aid and cardiopulmonary resuscitation (CPR).

##### a. Standard

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. **Minimum Licensing Requirements Section 306 outlines standards for CPR requirements. The specific requirement is outlined below.**

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. **The variation for child care family homes states: At least one (1) caregiver who has a current certificate of successful completion of First Aid and Cardiopulmonary Resuscitation (CPR) from an approved organization shall be on site at all times. If the home serves infants and toddlers, this training shall include infant and child CPR. (Infant and child CPR may be included in the basic course or in a separate course.) The curriculum shall conform to current American Heart Association or American Red Cross**

**guidelines; The curriculum shall require hands on, skill-based instruction, as well as practical testing. Training and certification that is provided solely online will not be accepted; and the instructor shall be qualified and authorized to teach the curriculum and shall be certified by a nationally recognized organization. (Including but not limited to: Health and Safety Institute; Emergency Medical Services (EMS) Safety Services, Inc.)**

- iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. **The Director, Assistant Director or Site Supervisor, and fifty percent (50%) of the facility staff that are on site at any given time shall have a certificate of successful completion of First Aid and Cardiopulmonary Resuscitation (CPR) from an approved organization. If the facility serves infants and toddlers, this training shall include infant and child CPR. (Infant and child CPR may be included in the basic course or in a separate course.) The curriculum shall conform to current American Heart Association or American Red Cross guidelines; The curriculum shall require hands on, skill-based instruction as well as practical testing. Training and certification that is provided solely online will not be accepted; and the instructor shall be qualified and authorized to teach the curriculum and shall be certified by a nationally recognized organization. (Including but not limited to: Health and Safety Institute; Emergency Medical Services (EMS) Safety Services, Inc.)**

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Minimum Licensing Requirements Section 306 outlines standards for CPR requirements.**
- ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? **There are no variations in training requirements for this standard.**
- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
- ☐ Pre-Service
- ☐ Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
- ☐ Yes
- ☒ No
- v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above. **Training shall conform to current American Heart Association or American Red Cross guidelines for recertification.**

5.3.12 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. **Section 306 requirement number 4.g states: All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed this orientation includes Mandated reporter training.**
- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. **There are no variations in the standard by category of care. The State of Arkansas does not allow for any exempt providers.**
- iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. **Section 103 requirement number 6, Compliance states: On-site inspections of Child Care Centers are conducted by the Child Care Licensing Unit on a routine basis to determine a facility's continued compliance with the standards. The caregiver shall cooperate with licensing staff during licensing visits and investigations. Violations of rules are documented in writing by use of the licensing compliance record.**

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Minimum Licensing Requirements Section 300 All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. Introduction (eight (8) clock hours) Proper supervision of children; Behavioral guidance practices; Safe sleep practices for infants; Shaken baby syndrome; which includes prevention (Carter's Law, Act 1208); Appropriately responding to a crying or fussy infant or child; Emergency procedures in the event of severe weather, or fire, including evacuation procedures and routes, and location and use of fire extinguishers; Mandated reporter training; Administering medication; Caring for children with special needs or care plans; Transportation and car seat safety; Policies regarding release of children to authorized individuals; Prevention and control of infectious diseases; Building and physical premises safety, including the identification of, and protection from, hazards, bodies of water, and vehicular traffic; Nutrition and physical activities; Prevention and response to food sensitivities and allergic reactions; Basic child development; and the handling and storage of hazardous materials and the appropriate disposal of bio contaminants.**
- ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? **There are no variations in**

**the standard by category of care. The State of Arkansas does not allow for any exempt providers.**

- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
  - ☐ Pre-Service
  - ☒ Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
  - ☒ Yes
  - ☐ No
- v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**

5.3.13 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

- a. Pre-Service and Ongoing Training
  - i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. **Minimum Licensing Requirements Section 300 All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed. Introduction (eight (8) clock hours) Proper supervision of children; Behavioral guidance practices; Safe sleep practices for infants; Shaken baby syndrome; which includes prevention (Carter's Law, Act 1208); Appropriately responding to a crying or fussy infant or child; Emergency procedures in the event of severe weather, or fire, including evacuation procedures and routes, and location and use of fire extinguishers; Mandated reporter training; Administering medication; Caring for children with special needs or care plans; Transportation and car seat safety; Policies regarding release of children to authorized individuals; Prevention and control of infectious diseases; Building and physical premises safety, including the identification of, and protection from, hazards, bodies of water, and vehicular traffic; Nutrition and physical activities; Prevention and response to food sensitivities and allergic reactions; Basic child development; and the handling and storage of hazardous materials and the appropriate disposal of bio contaminants.**
  - ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? **There are no variations in the standard by category of care. The State of Arkansas does not allow for any exempt providers.**

- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☐ Pre-Service

☒ Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☒ Yes

☐ No

- v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

**All new staff, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.**

- 5.3.14 In addition to the required standards, does the Lead Agency include any of the following optional standards? If checked, describe the requirements, how often the training is required and include the citation. (Please check all that apply)

☐ a. Nutrition: [Click or tap here to enter text.](#)

☐ b. Access to physical activity: [Click or tap here to enter text.](#)

☐ c. Caring for children with special needs: [Click or tap here to enter text.](#)

☐ d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)). Describe: [Click or tap here to enter text.](#)

#### 5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

##### 5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

- a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3. **Child Care Licensing Specialists make three (3) visits per year to each facility to monitor compliance with Minimum Licensing Requirements.**
- b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3. **All staff records, including training records, are reviewed by the Child Care Licensing Specialist annually.**
- c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards. **Child Care Licensing Specialists**



**make three (3) visits per year to each facility to monitor compliance with Minimum Licensing Requirements.**

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections —with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards —of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards —health, safety, and fire—at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory’s monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

- i. Describe your state/territory’s policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards. **A new study must be completed prior to licensure. The new study includes review of every standard in the Minimum Licensing Requirements. Verification of health and fire inspections must be received for those facilities who are required to have them according to Minimum Licensing Requirements.**
- ii. Describe your state/territory’s policies and practices for annual, unannounced inspections of licensed CCDF child care center providers. **Child Care Licensing Specialists make three (3) visits per year to each facility to monitor compliance with Minimum Licensing Requirements.**
- iii. Identify the frequency of unannounced inspections:

- ☐ A. Once a year
- ☒ B. More than once a year. Describe: **Monitoring visits will be made on all in-state licensed/ registered facilities according to the schedules and frequencies established by the Child Care Licensing Unit. Any variations in operational schedules or frequencies shall be discussed with and approved by the Supervisor. The frequency and schedule of monitoring must be conducted as follows:**

**Twelve-month (12) programs will be monitored three (3) times each calendar year. These visits must be conducted once per trimester. These programs will have a "Once per Trimester" Visit Frequency selected in CCLAS.**

**Nine-month (9) programs will be monitored twice (2) each calendar year. These programs will be monitored during the first and third trimesters. There must not be more than eight (8) months between monitor visits. These programs are operating during the normal school year and closed during the summer. In CCLAS these programs will have a "Two Trimesters per Year" Visit Frequency.**

**Three-month (3) programs normally operate during the summer. Any program operating six (6) months or less annually will be considered a "Three Month Program" and will have a "Once per Year" Visit Frequency.**

- iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards. **All essential standards are viewed at each monitor visit. Essential standards include: health and safety, supervision, staff/child ratio, behavior guidance, transportation, regulatory checks, and infant/toddler. Non-essential standards are monitored a minimum of once per year.**
- v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers. **The Child Care Licensing Specialist Procedure Manual outlines procedures for monitor visits.**
- b. Licensed CCDF family child care home
- i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards. **A new study must be completed prior to licensure. The new study includes review of every standard in the Minimum Licensing Requirements. Verification of health and fire inspections must be received for those facilities who are required to have them according to Minimum Licensing Requirements.**
- ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers. **Child Care Licensing Specialists make three (3) visits per year to each facility to monitor compliance with Minimum Licensing Requirements.**
- iii. Identify the frequency of unannounced inspections:

- ☐ A. Once a year
- ☒ B. More than once a year. Describe: **Monitoring visits will be made on all in-state licensed/ registered facilities according to the schedules and frequencies established by the Child Care Licensing Unit. Any variations in operational schedules or frequencies shall be discussed with and approved by the Supervisor. The frequency and schedule of monitoring must be conducted as follows:**

**Twelve-month (12) programs will be monitored three times each calendar year. These visits must be conducted once per trimester. These programs will have a "Once per Trimester" Visit Frequency selected in CCLAS.**

**Nine-month (9) programs will be monitored twice each calendar year. These programs will be monitored during the first and third trimesters. There must not be more than 8 months between monitor visits. These programs are operating during the normal school year and closed during the summer. In CCLAS these programs will have a "Two Trimesters per Year" Visit Frequency.**

**Three-month (3) programs normally operate during the summer. Any program operating six (6) months or less annually will be considered a "Three Month Program" and will have a "Once per Year" Visit Frequency.**

- iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards. **Arkansas does not utilize differential monitoring schedules.**
- v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers. **The Child Care Licensing Specialist Procedure Manual outlines procedures for monitor visits.**
- c. Licensed in-home CCDF child care
- i. Does your state/territory license in-home child care (care in the child's own home)?
- ☐ No (Skip to 5.4.3 (a)).
- ☒ Yes. If yes, answer A – D below:
- A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.  
**A new study must be completed prior to licensure. The new study includes review of every standard in the Minimum Licensing Requirements. Verification of health and fire inspections must be received for those facilities who are required to have them according to Minimum Licensing Requirements.**
- B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.  
**Child Care Licensing Specialists make three (3) visits per year to each facility to monitor compliance with Minimum Licensing Requirements.**
- C. Identify the frequency of unannounced inspections:

- ☐ 1. Once a year
- ☒ 2. More than once a year. Describe: **Monitoring visits will be made on all in-state licensed/ registered facilities according to the schedules and frequencies established by the Child Care Licensing Unit. Any variations in operational schedules or frequencies shall be discussed with and approved by the Supervisor. The frequency and schedule of monitoring must be conducted as follows:**

**Twelve-month (12) programs will be monitored three times each calendar year. These visits must be conducted once per trimester. These programs will have a "Once per Trimester" Visit Frequency selected in CCLAS.**

**Nine-month programs will be monitored twice each calendar year. These programs will be monitored during the first and third trimesters. There must not be more than 8 months between monitor visits. These programs are operating during the normal school year and closed during the summer. In CCLAS these programs will have a "Two Trimesters per Year" Visit Frequency.**

**Three-month programs normally operate during the summer. Any program operating six months or less annually will be considered a "Three Month Program" and will have a "Once per Year" Visit Frequency.**

- D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards. **Arkansas does not use differential monitoring schedules.**
- E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers. **The Child Care Licensing Specialist Procedure Manual outlines procedures for monitor visits.**
- d. List the entity(ies) in your state/territory that is responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers. **The Division of Child Care and Early Childhood Education is responsible for conducting pre-licensure inspections and unannounced inspections of all licensed providers.**

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

- a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. **Arkansas does not have any license-exempt programs.**

- i. Provide the citation(s) for this policy or procedure. **N/A**
- b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. **N/A**
- i. Provide the citation(s) for this policy or procedure. **N/A**

5.4.4 Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

- a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.  
**Arkansas does not have any license-exempt programs.**
- b. Provide the citation(s) for this policy or procedure. **N/A**
- c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers: **N/A**

5.4.5 Licensing inspectors.

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

- a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers and that those inspectors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)). **Arkansas requires the formal education equivalent of a bachelor's degree in Social Work, Psychology, Early Childhood Education, Child and Family Development or a related field; plus, one (1) year of experience in a social service program or a related field. On the job training for new Child Care Licensing Specialists is setup with a seasoned mentor. Regular feedback is solicited from the mentor for progress on the training or to identify help or support the new Child Care Licensing Specialist may need. On the Job training shall include in depth training on essential standards and health and safety requirements for providers. This shall include routine monitoring for health and safety**

**requirements for all ages and provider types, as well as following up on deficiencies and implementing corrective action measures.**

- b. Provide the citation(s) for this policy or procedure. **Arkansas Department of Finance and Administration Class Codes and Child Care Licensing Unit Procedure Manual**

5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

- a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **The state follows the state budgetary guidelines which governs personnel and financial approvals by the Executive and Legislative branches in government. Currently, there are thirty-one (31) Child Care Licensing Specialists that inspect approximately 2000 licensed programs. This is an average of sixty-five (65) programs per specialist, or roughly sixteen (16) visits per month per specialist.**
- b. Provide the policy citation and state/territory ratio of licensing inspectors. **Arkansas does not have a policy citation. Please see above.**

## 5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies regarding the required background check components, demonstrating that these requirements apply to all licensed, regulated, or registered child care providers and to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o).

- a. Components of In-State Background Checks

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services	The state agency(ies) responsible for this component of the check
i. Criminal registry or repository using fingerprints in the current state of residency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Citation: <b>Arkansas Minimum Licensing Requirements</b>	Citation: <b>Arkansas Minimum Licensing Requirements</b>	<b>Arkansas State Police, DHS Division of Child Care and Early Childhood Education</b>
ii. Sex offender registry or repository check in the current state of residency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Citation: <b>Arkansas Minimum Licensing Requirements</b>	Citation: <b>Arkansas Minimum Licensing Requirements</b>	<b>Arkansas State Police, DHS Division of Child Care and Early Childhood Education</b>
iii. Child abuse and neglect registry and database check in the current state of residency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Citation: <b>Arkansas Minimum Licensing Requirements</b>	Citation: <b>Arkansas Minimum Licensing Requirements</b>	<b>DHS Arkansas Child Maltreatment Central Registry, DHS Division of Child Care and Early Childhood Education</b>

## b. Components of National Background Check

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services	The state agency(ies) responsible for this component of the check
i. FBI Fingerprint Check	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Citation: <b>Arkansas Minimum Licensing Requirements</b>	Citation: <b>Arkansas Minimum Licensing Requirements</b>	<b>Arkansas State Police, DHS Division of Child Care and Early Childhood Education</b>
ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Citation: <b>Arkansas Minimum Licensing Requirements</b>	Citation: <b>Arkansas Minimum Licensing Requirements</b>	<b>Arkansas State Police, DHS Division of Child Care and Early Childhood Education</b>

## c. Components of Interstate Background Checks

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services	The state agency(ies) responsible for this component of the check
i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.  Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Citation: <b>Arkansas Minimum Licensing Requirements</b>	Citation: <b>Arkansas Minimum Licensing Requirements</b>	<b>DHS Division of Child Care and Early Childhood Education</b>
ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.  Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Citation: <b>Arkansas Minimum Licensing Requirements</b>	Citation: <b>Arkansas Minimum Licensing Requirements</b>	<b>DHS Division of Child Care and Early Childhood Education</b>
iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years  Note: This is a name-based search	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Citation: <b>Arkansas Minimum Licensing Requirements</b>	Citation: <b>Arkansas Minimum Licensing Requirements</b>	<b>DHS Division of Child Care and Early Childhood Education</b>

#### 5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per § 98.43(d)(1)



and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in § 98.43(g) and the web site of local lead agencies.

- a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description. **DCCECE requires all licensed providers to utilize the Official State of Arkansas Online Criminal Background Check System (NICAR, National Information Consortium of Arkansas) through the Arkansas State Police in accordance with Arkansas law. Providers must register for a NICAR account to gain access to the online system before requesting a background check. Before performing a check, providers are required to obtain the signed consent of the individual and upload the consent form with their request. Once a request is submitted, the NICAR system will generate a transaction number that is required for the fingerprint session. The provider or applicant must use the online DHS Fingerprint Appointment Scheduler to make an appointment for a fingerprint scan at a local DHS office. Background checks are processed in the same manner for all providers. A link to the Background Check process can be found on our website here: <https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/forms-documents/electronic-background-check/>**
- b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)). **DCCECE charges the actual cost of processing incurred and does not add fees. We work in conjunction with the Arkansas State Police and NICAR to ensure that fees are aligned and equitable. The NICAR system automatically calculates the cost for both State and FBI requests (\$36.25) before the applicant clicks on the submission button .**
- c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy: **The Arkansas Minimum Licensing Requirements for Child Care Centers; Out-of-School Time Facilities (110:2); Licensed Child Care Family Homes; and Registered Child Care Family Homes (109:2) state, "A prospective staff member may not begin work until the Arkansas State Police criminal record check result has been returned as satisfactory. Following receipt of the satisfactory result, this individual must be supervised at all times, pending completion of all of the required background check components, by a staff member who has successfully completed all required background checks. Prospective employees who have not lived in the State of Arkansas during the preceding five (5) years will be subject to current federal guidelines regarding conducting a criminal background check and sexual offender registry check in any states where they resided during the past five (5) years."**

- d. Describe the procedure for providers to request background checks from other states where they have resided within the previous 5 years. **Providers will be notified by a DCCECE employee when an out-of-state background check is required. Providers are given a copy of the ACF Interstate Child Care Background Check Contact List. Additional assistance is given during the process if needed.**
- e. Describe the procedure to ensure each provider completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service. **DCCECE conducts inspections of licensed providers on a routine basis to ensure they are in compliance with all licensing requirements including background checks.**
- f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check. **All prospective employees are required to have a full background check. Background check results are not transferable between child care facilities.**
- g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).  
**<https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/forms-documents/electronic-background-check/>**

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
  - How the Lead Agency is informed of the results of each background check component
  - Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.4.
- a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility. **DCCECE conducts background checks utilizing the Official State of Arkansas Online Criminal Background Check System (NICAR) through the Arkansas State Police. After verifying that the provider has submitted a signed and notarized state and federal background check consent form, DCCECE reviews results. If both state and federal checks come back satisfactory, DCCECE updates the status to "qualified". DCCECE then**

**checks the Arkansas Child Maltreatment Central Registry. If the result is satisfactory, the status is then updated to “approve”.**

- b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here. N/A
- c. Describe the procedure for responding to interstate background check requests from other states: **Providers are responsible for contacting other states to initiate background checks. The states submit results directly to DCCECE for review and processing.**

i. Interstate Criminal History Registry Check Procedures

- A. Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility). **Providers are responsible for contacting other states to initiate background checks. The states submit results directly to DCCECE for review and processing.**
- B. “Compact States” are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Please indicate whether your state or territory is a Compact State. **Arkansas is a Compact State.**
- C. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state’s criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state’s criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Please indicate whether your state or territory is an NFF State. **Arkansas participates in the Interstate Identification Index but does not participate in NFF.**

ii. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility). **Providers are responsible for contacting other states to initiate background checks. The states submit results directly to DCCECE for review and processing.**

iii. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility). **Providers are responsible for contacting other states to initiate background checks. The states submit results directly to DCCECE for review and processing.**

- 5.5.4 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or—subject to an individual review (at the state/territory’s option)—a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes—child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).
- a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?
- ☐ No
- ☒ Yes. If yes, describe other disqualifying crimes and provide the citation:  
**Arkansas Minimum Licensing Requirements for Child Care Centers; Out-of-School Time Facilities (110:4-5); Licensed Child Care Family Homes and Registered Child Care Family Homes (109:4-5)**
- b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)). **If an applicant is eligible to work, the provider that requested the background check can view the status through their account in the NICAR system. The applicant will be updated to “approved” status signaling he/she can work in child care. When a finding is identified in the criminal history report, the applicant is mailed a restricted certified letter of notification, and the provider is mailed a courtesy letter. The courtesy letter notifies the provider that additional information has been requested from one of their applicants but does not disclose who. If the applicant is determined to be ineligible to work, both the applicant and the provider are sent a “not eligible” letter. Details of an applicant’s criminal history are not shared with the provider.**
- c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4)). **The state follows the same review process for all individuals.**

#### 5.5.5 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal
  - A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report
  - If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime
  - The appeals process is completed in a timely manner for any appealing child care staff member
  - Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))
  - The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.
- a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and may have different appeal processes than agencies that conduct the state CAN and state SOR checks.
- CAN: All true reports are processed through the Arkansas Child Maltreatment Central Registry. If an applicant wishes to appeal, they must contact Registry staff for appeal procedures. Criminal and FBI: When a finding has been identified in the history report, the applicant is mailed a restricted certified letter of notification that he/she has 20 business days to challenge the finding and provide court documentation. Failure to receive court documentation will result in a "not eligible" status, and both the applicant and provider will receive a "not eligible" letter. The licensing team will receive a notification of the not eligible applicant. If supporting information is received from the applicant, the information will be reviewed to determine if the candidate is eligible for employment. The applicant will be notified of the outcome of their challenge.**
- b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks? **N/A**

5.5.6 Website Links to Interstate Background Check Processes

Provide the website link providing the detailed information required on the state or territory's consumer education website related to the following interstate background check provisions.

Note: The links below should be a part of your consumer education website identified in 2.3.11.

- a. Interstate Criminal Background Check: <https://www.ark.org/criminal/index.php>
- b. Interstate Sex Offender Registry (SOR) Check: <https://www.ark.org/offender-search/index.php>
- c. Interstate Child Abuse and Neglect (CAN) Registry Check: <https://humanservices.arkansas.gov/divisions-shared-services/children-family-services/request-a-child-maltreatment-check/>

## 5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements.

### 5.6.1 Licensing Requirements (as described in Section 5.1)

- ☐ a. Relative providers are exempt from all licensing requirements.
- ☐ b. Relative providers are exempt from a portion of licensing requirements. Describe. [Click or tap here to enter text.](#)
- ☐ c. Relative providers must fully comply with all licensing requirements.

### 5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

- ☐ a. Relative providers are exempt from all health and safety standard requirements
- ☐ b. Relative providers are exempt from a portion of health and safety standard requirements. Describe. [Click or tap here to enter text.](#)
- ☐ c. Relative providers must fully comply with all health and safety standard requirements.

### 5.6.3 Health and Safety Training (as described in Section 5.3)

- ☐ a. Relative providers are exempt from all health and safety training requirements.
- ☐ b. Relative providers are exempt from a portion of all health and safety training requirements. Describe. [Click or tap here to enter text.](#)
- ☐ c. Relative providers must fully comply with all health and safety training requirements.

### 5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- ☐ a. Relative providers are exempt from all monitoring and enforcement requirements.
- ☐ b. Relative providers are exempt from a portion of monitoring and enforcement requirements. Describe. [Click or tap here to enter text.](#)
- ☐ c. Relative providers must fully comply with all monitoring and enforcement requirements.

### 5.6.5 Background Checks (as described in Section 5.5)

- ☐ a. Relative providers are exempt from all background check requirements.
- ☐ b. Relative providers are exempt from a portion of background check requirements. Describe. [Click or tap here to enter text.](#)
- ☐ c. Relative providers must fully comply with all background check requirements.

## 6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)) and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

### 6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors, which is developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

- a. Describe how the state/territory's framework for training and professional development addresses the following required elements:
  - i. State/territory professional standards and competencies. Describe:
 

**Since 2004, Arkansas has utilized professional standards and competencies to guide its work. Understanding the importance of continuous review and improvement, the Arkansas Early Childhood Commission/State Advisory Council voted to revise the existing workforce knowledge and competency framework to ensure alignment with current research and recommendations for best practice. DCCECE facilitated a**



Professional Standards Committee comprised of key representation from the K-12, Head Start, higher education, infant/toddler, after school, and special education areas to conduct the work with support from The National Center on Early Childhood Quality Assurance. Although not prescriptive, the framework specifies targeted staff roles, levels of education, and degrees of professional development that would be expected at each competency level. The leveled competencies defined within the framework serve to: assist individuals to identify strengths and areas for potential growth; help programs hire, evaluate, and plan meaningful trainings for their staff; allow state-level administrators to identify areas of need and evaluate the effectiveness of professional development initiatives; and provide consumer information for families choosing among early care and education options. In 2017, DCCECE presented the new Arkansas Workforce Knowledge and Competencies for Early Care and Education Professionals (WKC) framework to the Arkansas Early Childhood Commission. DCCECE received public feedback following the release and adjusted strengthen the work. The final WKC was adopted in June 2018. DCCECE contracts with universities and education organizations to offer training and technical assistance at no charge to licensed child care providers. Currently, all the state's contracted training is mapped to the 2004 standards and competencies as required, and it will be aligned with the WKC once it is fully implemented.

- ii. Career pathways. Describe: As noted in the National Association for the Education of Young Children (NAEYC) Policy Blueprint, professional standards-such as those described in Arkansas's Workforce Knowledge and Competencies for Early Care and Education Professionals-should align and create coherent career pathways for early care and education professionals. These career pathways are essential for early childhood professionals to be able to plan and sequence the attainment of increased qualifications, understand the professional possibilities of achieving increased qualifications, and be appropriately compensated for making continuous progress.
- iii. Advisory structure. Describe: Coordinating a comprehensive, effective system of preparation and ongoing development and support for all early care and education professionals requires a targeted effort by a specific group of people to focus on this work. As such, the Arkansas Early Childhood Commission convened the State Professional Development Steering Committee (SC). The SC includes diverse representation from early care and education stakeholders including the Arkansas Department of Education, Arkansas Department of Higher Education, the Arkansas Better Chance State Prekindergarten Program, Head Start, home visiting, IDEA, Better Beginnings QRIS, institutions of higher education, Child Care Aware Resource and Referral Agencies, education nonprofit organizations and DCCECE. The SC is tasked with reviewing the Arkansas Early Childhood Professional Development System; revising and aligning the System to meet national, research-based standards; and developing an integrated structure to support the increase of high-quality early childhood professionals and QRIS Better Beginnings programs. The comprehensive membership ensures the SC's work is valued and provides for cross-sector, integrated recommendations.
- iv. Articulation. Describe: DCCECE plans to review and revise, as appropriate, policies around the transfer of credentials, courses, credits, degrees, etc. from one program to another without loss of credits-in order to fully establish career pathways and build capacity to meet required professional standards. Content provided in postsecondary

institutions and licensure tracks will be aligned with the WKC framework, and articulation will be established across career pathways. In 2017, DCCECE collaborated with the University of California at Berkeley's Center for Study of Child Care Employment for the development of the Arkansas Early Childhood Higher Education Inventory. The Inventory will provide the state with valuable information to utilize in its work around Career Pathways and Articulation and will ensure all higher education partners are engaged in the process.

- v. Workforce information. Describe: **DCCECE consistently seeks ways to improve its understanding and support of the early care and education workforce. To that end, the state contracted with an institution of higher education to conduct a workforce study. The purpose of the study is to gain knowledge about the field including wages and benefits, education levels, professional development needs, and common barriers and supports to the work.**
- vi. Financing. Describe: **DCCECE recognizes the importance of implementing intentional financing strategies to support the state's professional development system. Arkansas's Child Care Licensing Regulations, Arkansas Better Chance Rules and Regulations, Better Beginnings QRIS standards and Child Care Development Block Grant policies all establish requirements for education and professional development. The state helps early childhood professionals and licensed facilities meet these requirements.**
- b. The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.
  - ☒ i. Continuing education unit trainings and credit-bearing professional development to the extent practicable. Describe: **DCCECE's professional development contractors offer training participants the option of obtaining continuing education units and/or college credit hours when available.**
  - ☒ ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework. Describe: **All DCCECE contracted training is aligned to the state's professional standards and competencies.**
  - ☐ iii. Other. Describe: [Click or tap here to enter text.](#)

- 6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

**In 2014, DCCECE expanded the role of the Arkansas Early Childhood Commission to include service as the State Advisory Council on Adopting New Licensing Requirements. Professional development and training are key components of the state's licensing requirements.**

- 6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)). **All early childhood professionals in Arkansas value a coordinated professional development system based upon research and best practice, which contains high quality professional development opportunities, and allows for the development of career pathways to meet diverse needs of individuals. The Arkansas Early Childhood Professional Development System (AECPPDS) will utilize a cooperative approach among all constituents, access existing community and state resources to their best possible use and involve local communities as appropriate in the decision-making process. - The AECPPDS will provide career pathways and opportunities leading to increased compensation commensurate with education and professional development. - The AECPPDS will work to ensure that professional development training can be linked to college credit, which can lead to degrees or other professional credentials. - The AECPPDS will work to encourage, support, and coordinate a professional development lattice that is linked to identified needs and provides opportunities for sequential, comprehensive, ongoing, structured growth. - The AECPPDS will promote accessibility of professional development opportunities across the state to address the needs of diverse early childhood professionals. - The AECPPDS will include procedures for providing feedback about trainers and professional development provided, as well as to promote accountability within the system. - The AECPPDS will support the professional development that is based upon and aligns to the Arkansas Workforce Knowledge and Competencies for Early Care and Education Professionals.**

## 6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements—as described in Section 5 for caregivers, teachers, and directors in CCDF programs—align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

- 6.2.1 Describe how the state/territory incorporates into training and professional development opportunities the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).
- In 2016, Arkansas published the “Arkansas Child Development and Early Learning Standards: Birth through 60 months”**  
**([https://www.arheadstart.org/Ark\\_Early\\_Learning\\_Standards%20\(19\)%20\(1\).pdf](https://www.arheadstart.org/Ark_Early_Learning_Standards%20(19)%20(1).pdf) ).** The standards were developed by a group of collaborative partners including the DCCECE, the Arkansas Head Start Collaboration Office, and the W.K. Kellogg Foundation. All training developed and funded by CCDF since the inception of the learning standards must demonstrate a strong alignment with the developmentally appropriate categories listed. Additionally, all curriculum approved and recommended by the DCCECE must be rigorously reviewed to ensure alignment with the standards. Also, DCCECE has several active contracts funded by CCDF which provide training and professional development opportunities surrounding basic health and safety guidelines, licensing requirements, director requirements, nutrition, supervision, and pre-licensure information. Lastly, CCDF funding is utilized to pay for and sustain the Behavior Help System (Arkansas’s Prevention of Suspension and Expulsion Initiative), ARRAY (The Social-Emotional Learning Continuum for Systemic Change), and to provide Conscious Discipline training for eligible providers. Arkansas has modeled their approach to Social and Emotional Learning in classrooms on the nationally recognized CSEFEL Pyramid Model and Conscious Discipline. Over the past (5) years Arkansas has been successful in reducing the number of suspension and expulsions in early childhood educational centers which accept federal subsidy funding by emphasizing the evidence-based programs listed above and the strong stance taken by DCCECE leadership.
- 6.2.2 Describe how the state/territory’s training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)). **There are no federally recognized Indian tribes in Arkansas today.**
- 6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers:
- with limited English proficiency. **Realizing there is a large population of children and families with limited English proficiency in the state, the Arkansas Bilingual Interpreter Credential in Education Work Group (ABICE) formed. Now the credential is available. The group continues to meet to provide support.**
  - who have disabilities. **Arkansas's Minimum Licensing Requirements mandate that all licensed facilities ensure appropriate services for children with disabilities and or special needs, including compliance with Individuals with Disabilities Education Act (IDEA).**

- 6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians and Native Hawaiians (98.44(b)(2)(iv)). **DCCECE contracts with institutions of higher education and other educational organizations to provide professional development to child care providers. All trainings are required to be aligned with the state's workforce knowledge and competency framework and the state's early learning guidelines. Contractors must identify the training level and target audience for each course. All trainings must be entered in the Arkansas Professional Development Registry. DCCECE utilizes the registry to monitor child care programs and ensure staff meets training requirements. Arkansas's Minimum Licensing Requirements mandate that all licensed facilities ensure appropriate services for children with disabilities and/or special needs, including compliance with IDEA.**
- 6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).
- Describe the state/territory's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness (relates to question 3.2.2). **The McKinney-Vento Act seeks to address the challenges that homeless children and youths may face in enrolling, attending, and succeeding in school. The Family Support Procedures Manual outlines the procedure for homeless families. Homeless families are a priority population for CCDF. Family Support Procedures Manual**
  - Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6). **Arkansas contracts for training that supports vulnerable populations, such as homeless families. Strengthening Families is one example. This training identifies five Protective Factors: Parental Resilience, Social Connections, Knowledge of Parenting and Child Development, Concrete Support in Times of Need, and Social and emotional Competence of Children, that can be used to support all families including those experiencing homelessness.**
- 6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16(z)). Describe the state/territory's strategies to strengthen providers' business practices, which can include training and/or TA efforts.
- Describe the strategies that the state/territory is developing and implementing for training and TA. **In 2015, DCCECE implemented new licensing requirements that address the business practices of child care providers. Individuals who are considering opening a child care program are required to attend a pre-licensing training that includes information about the financial aspects of operating a business. All new directors/owners must also attend the following trainings within the first six months: Program Administration Scale (PAS) or Business Administration Scale (BAS), Environmental Rating Scale and Director's Orientation. DCCECE contractors are available as needed to provide one-on-one training and technical assistance.**

b. Check the topics addressed in the state/territory's strategies. Check all that apply.

- ☒ i. Fiscal management
- ☒ ii. Budgeting
- ☒ iii. Recordkeeping
- ☒ iv. Hiring, developing, and retaining qualified staff
- ☒ v. Risk management
- ☒ vi. Community relationships
- ☒ vii. Marketing and public relations
- ☒ viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
- ☒ ix. Other. Describe: **DCCECE contracts with institutions of higher education and other education organizations to provide training and support on the listed topics. Training Modules were created to provide clarity for providers on CCDF state requirements as outlined by the CCDF Participant Agreement, Minimum Licensing Standards Guide, Better Beginnings, Health and Nutrition Guidelines, and/or DCCECE guidance documents. The modules cover a range of topics such as how to bill, meal requirements, disaster preparedness/response, transportation, and more. Corrective Action Plans (CAP) were implemented to help providers create a plan to rectify identified errors observed during Compliance Reviews conducted by DCCECE staff.**

### 6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

#### 6.3.1 Training and professional development of the child care workforce.

- a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

What content is included under each of these training topics and how is the entity funded to address this topic?	Which type of providers are included in these training and professional development activities?				
	<i>Licensed center-based</i>	<i>Legally exempt center-based</i>	<i>Licensed family child care home</i>	<i>Legally exempt family child care home</i>	<i>In-home care (care in the child's own home)</i>
Promoting the social, emotional, physical, and cognitive	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

What content is included under each of these training topics and how is the entity funded to address this topic?	Which type of providers are included in these training and professional development activities?				
	<i>Licensed center-based</i>	<i>Legally exempt center-based</i>	<i>Licensed family child care home</i>	<i>Legally exempt family child care home</i>	<i>In-home care (care in the child's own home)</i>
<p>development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(i)(A)). Describe:</p> <p><b>DCCECE offers quality, research-based training, and professional development through competitively bid contracts with institutions of higher education, nonprofit organizations and government agencies. Training is offered to practitioners on the social, emotional, physical, and cognitive development of children.</b></p>					
<p>i. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(iii)). Describe:</p> <p><b>DCCECE offers quality, research-based training, and professional development through competitively bid contracts with institutions of higher education, nonprofit organizations, and government agencies. Training and technical assistance is offered to address</b></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

What content is included under each of these training topics and how is the entity funded to address this topic?	Which type of providers are included in these training and professional development activities?				
	<i>Licensed center-based</i>	<i>Legally exempt center-based</i>	<i>Licensed family child care home</i>	<i>Legally exempt family child care home</i>	<i>In-home care (care in the child's own home)</i>
<b>behavior management strategies including Conscious Discipline and Powerful Interactions. Moreover, DCCECE convened a group of contractors and other experts to develop a plan for preventing expulsion/suspension in the early years that resulted in the creation of a project BehaviorHelp which offers providers with a method to seek individualized support. Support ranges from technical assistance to professional development.</b>					
ii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(iv)). Describe: <b>DCCECE offers quality, research-based training, and professional development through competitively bid contracts with institutions of higher education, nonprofit organizations, and government agencies. A variety of family engagement trainings are available, as well as, trainings on diversity, cultural differences/similarities, strategies to support English language learners and inclusion of children with disabilities.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
iii. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



What content is included under each of these training topics and how is the entity funded to address this topic?	Which type of providers are included in these training and professional development activities?				
	<i>Licensed center-based</i>	<i>Legally exempt center-based</i>	<i>Licensed family child care home</i>	<i>Legally exempt family child care home</i>	<i>In-home care (care in the child's own home)</i>
learning and developmental standards (98.15 (a)(9)). Describe: <b>DCCECE offers quality, research-based training, and professional development through competitively bid contracts with institutions of higher education, nonprofit organizations, and government agencies. DCCECE requires all contracted trainings to be aligned to the state's early learning guidelines.</b>					
iv. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development. Describe: <a href="#">Click or tap here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What content is included under each of these training topics and how is the entity funded to address this topic?	Which type of providers are included in these training and professional development activities?				
	<i>Licensed center-based</i>	<i>Legally exempt center-based</i>	<i>Licensed family child care home</i>	<i>Legally exempt family child care home</i>	<i>In-home care (care in the child's own home)</i>
v. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(ii). Describe: <b>DCCECE funds training and technical assistance for several tools that can be used by programs to monitor improvement including the Environment Rating Scale, Work Sampling, Ounce, and the PAS/BAS. In addition, the state contracts for an ongoing longitudinal assessment of children from preschool through K-12.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
vi. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe: <b>DCCECE offers quality, research-based training, and professional development through competitively bid contracts with institutions of higher education, nonprofit organizations, and government agencies. The state funds training, such as Strengthening Families, to support caring for children in areas of concentrated poverty and unemployment.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
vii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(i)(B). Describe: <b>We are teaching how to recognize delays and encourage use of screening tools such as the Ages and Stages Questionnaire (ASQ).</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
viii. Supporting the positive development of school-age children (98.53(a)(iii)). Describe:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>DCCECE offers quality, research-based training, and professional development through competitively bid contracts with institutions of higher education, nonprofit organizations, and government agencies. The state funds the Arkansas Out of School Network to provide training and technical assistance for providers of school-age children.</b>					
ix. Other. Describe: <a href="#">Click or tap here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

		<i>Licensed center- based</i>	<i>Legally exempt center- based</i>	<i>Licensed family child care home</i>	<i>Legally exempt family child care home</i>	<i>In-home care (care in the child's own home)</i>
<input type="checkbox"/>	i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<p>iv. Other. Describe:</p> <p><b>DCCECE funds the Teacher Education and Compensation Helps (TEACH) Early Childhood Arkansas Scholarship Program. Any teacher who would like to attend a community college to enroll in coursework in Early Childhood Education and who is employed full-time (30 hours/week minimum) in a licensed child care center or a licensed large family child care home is eligible to apply for a scholarship. Scholarships are awarded based on need and commitment to the Early Childhood Education field. TEACH Early Childhood Arkansas pays for 90% of tuition and books, provides a travel stipend each semester, reimburses the center for release time given and provides bonuses to teachers who complete their contract. As scholarship recipients, teachers must attend classes and successfully complete 9-15 semester hours during the contract year toward a certificate, diploma or associate degree in early childhood education. Teachers are expected to contribute 5% of the cost of tuition and 10% of the cost of books each semester. At the end of the scholarship year, teachers must promise to continue to teach at their sponsoring center for another year in return for a salary increase or bonus. TEACH Early Childhood</b></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	Arkansas provides career counseling to program participants. In addition, CCDF programs receive one-time incentive grants for the QRIS.					
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- 6.3.2 Describe the measurable indicators of progress relevant to this use of funds that state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. **DCCECE provides tiered reimbursement for providers participating in the Better Beginnings system. Through the division's data systems, we can monitor and evaluate a program's effectiveness and qualifications. The division monitors the progress of programs moving up in quality monthly through data retrieved from the DCCECE data systems.**

#### 6.4 Early Learning and Developmental Guidelines

- 6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth to three, three to five, birth to five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.
- a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:
- Are research-based. **Standards draw on the latest research in child development and learning, including emerging research in the area of executive function. The Arkansas Child Development and Early Learning Standards support early childhood professionals in promoting positive interactions and environments for our youngest children.**
  - Developmentally appropriate. **Standards draw on the latest research in child development and learning, including emerging research in the area of executive function, including developmental strategies.**
  - Culturally and linguistically appropriate. **The standards are also responsive to Arkansas's changing demographics, particularly the growing number of children who are dual language learners and are culturally and linguistically appropriate. Developmental progressions that show the process by which children who are dual language learners learn to understand and speak English is demonstrated.**

- iv. Aligned with kindergarten entry. **These standards also vertically align with the kindergarten language arts and math standards to support the transition from early childhood into K–12 education**
  - v. Appropriate for all children from birth to kindergarten entry. **The standards address early leaning and development for children of all ages. The standards include cognitive, social, emotional, and physical development.**
  - vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body. **The Arkansas Child Development and Early Learning Standards: Birth through 60 Months were developed through a grant from the W.K. Kellogg Foundation. The standards were created through the hard work of a committee comprised of key representation from the DHS Division of Child Care and Early Childhood Education, the Arkansas Department of Education, the Arkansas Head Start State Collaboration Office, the Arkansas Home Visiting Network, Child Care Aware Resource and Referral, public school, institutions of higher education, and education nonprofits. The development of the standards included a review by ten national experts knowledgeable in different areas of child development and learning and different populations of children. The Arkansas Child Development and Early Learning Standards: Birth through (60) Months were reviewed and approved by the Arkansas Early Childhood Commission, the State Advisory Council.**
- b. Describe how the required domains are included in the state/territory’s early learning and developmental guidelines. Responses for “other” are optional.
- i. Cognition, including language arts and mathematics. **The Arkansas Child Development and Early Learning Standards are organized into (9) nine domains of early learning. Cognition, language arts and mathematics are included.**
  - ii. Social development. **The Arkansas Child Development and Early Learning Standards are organized into (9) nine domains of early learning. Social development is included.**
  - iii. Emotional development. **The Arkansas Child Development and Early Learning Standards are organized into (9) nine domains of early learning. Emotional Development is included.**
  - iv. Physical development. **The Arkansas Child Development and Early Learning Standards are organized into (9) nine domains of early learning. Physical development is included.**
  - v. Approaches toward learning. **The Arkansas Child Development and Early Learning Standards are organized into (9) nine domains of early learning. The approaches toward learning are included.**
  - vi. Describe how other optional domains are included, if any:  
[Click or tap here to enter text.](#)
- c. Describe how the state/territory’s early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.  
**Arkansas has been a pioneer and leader in developing and implementing high-quality child development and early learning standards. The Arkansas Early Childhood Education Framework, the state’s first set of standards for three- and four-year old children, is over 20 years old. Today’s standards draw on the latest research in child development and learning, including emerging research in the area of executive function. The Arkansas Child Development and Early Learning Standards support early childhood professionals in promoting positive interactions and environments for our youngest children. The standards are also responsive to Arkansas’s changing demographics, particularly the**

**growing number of children who are dual language learners and are culturally and linguistically appropriate. Developmental progressions that show the process by which children who are dual language learners learn to understand and speak English is demonstrated.**

- d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards. **Arkansas adopted licensing requirements for out-of-school time facilities in 2015 that support high quality programs for school age children.**
- e. Provide the Web link to the state/territory's early learning and developmental guidelines.  
<https://humanservices.arkansas.gov/about-dhs/dccece>

6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF



- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used as the primary or sole method for assessing program effectiveness
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2))

Describe how the state/territory's early learning and developmental guidelines are used.

**Today's standards draw on the latest research in child development and learning, including emerging research in the area of executive function. The Arkansas Child Development and Early Learning Standards support early childhood professionals in promoting positive interactions and environments for our youngest children. The standards are also responsive to Arkansas's changing demographics, particularly the growing number of children who are dual language learners and are culturally and linguistically appropriate. Developmental progressions that show the process by which children who are dual language learners learn to understand and speak English is demonstrated.**

- 6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)). **Currently, Arkansas uses Environmental Rating Scales for all children.**

## 7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care.

States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a separate annual Quality Progress Report that will include a description of activities to be funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)

- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

## 7.1 Quality Activities Needs Assessment for Child Care Services

- 7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)). **The DHS Division of Child Care and Early Childhood Education (DCCECE) contracts with the University of Arkansas for Medical Sciences (UAMS) to provide evidence-based scientific review and evaluation services for the state-funded Quality Rating and Improvement System, Better Beginnings. Since 2010, UAMS has provided ongoing scientific support and evaluation for Better Beginnings including:**
- 1. Providing evidence of external validity of Better Beginnings for impacting child outcomes;**
  - 2. Implementation evaluation of Better Beginnings, including analysis of barriers to and the use of incentives/grants for promoting participation;**
  - 3. Understanding the needs of groups with the lowest levels of participation (Family Child Care, School Age programs, and programs that serve children with special needs);**
  - 4. Technical assistance and scientific support to develop higher levels of Better Beginnings;**
  - 5. Professional development utilization in support of Better Beginnings;**
  - 6. Evaluating the knowledge of trainers and technical assistants throughout the state;**
  - 7. Developing a cost analysis of operating differing types of child care and early childhood education programs at various levels of quality, which directly informs financial incentives to participation in the form of quality awards and differential reimbursement of programs;**
  - 8. Increasing the availability and quality of infant-toddler slots;**
  - 9. Developing and conducting a workforce study with directors; and 10. Conducting market price studies.**
- 7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a weblink for any available evaluation or research related to the findings. **The state contracted for the completion of an early care and education workforce study. Using a combination of foundation and federal funding, our research contractor completed two studies. The first report Arkansas Workforce Study: Instructional Staff in Child Care & Early Childhood Education, 2017 was released in March 2018, followed by the second, Arkansas Workforce Study: Program Administrators in Child Care & Early Childhood Education in July 2018. Both reports can be found linked here: <https://familymedicine.uams.edu/research-and-scholarly-activity/red/researchevaluation/> Arkansas secured funding from the National Governor's Association to address the high turnover rate in the early care and education workforce. A workforce policy team formed and held its first meeting in July 2018. The team continues to meet.**

## 7.2 Use of Quality Funds

- 7.2.1 Check the quality improvement activities in which the state/territory is investing.

Quality Improvement Activity	Type of funds used for this activity. Check all that apply.	Other funds: describe	Related Section
a. Supporting the training and professional development of the child care workforce as discussed in 6.2.	<input checked="" type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds <input type="checkbox"/> iii. "CARES Act" funds	<a href="#">Click or tap here to enter text.</a>	6.3
b. Developing, maintaining, or implementing early learning and developmental guidelines.	<input checked="" type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds <input type="checkbox"/> iii. "CARES Act" funds	<a href="#">Click or tap here to enter text.</a>	6.4
c. Developing, implementing, or enhancing a tiered quality rating and improvement system.	<input checked="" type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds <input type="checkbox"/> iii. "CARES Act" funds	<a href="#">Click or tap here to enter text.</a>	7.3
d. Improving the supply and quality of child care services for infants and toddlers.	<input checked="" type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds <input checked="" type="checkbox"/> iii. "CARES Act" funds	<a href="#">Click or tap here to enter text.</a>	7.4
e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7.	<input checked="" type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds <input type="checkbox"/> iii. "CARES Act" funds	<a href="#">Click or tap here to enter text.</a>	7.5
f. Facilitating Compliance with State Standards	<input checked="" type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds <input checked="" type="checkbox"/> iii. "CARES Act" funds	<a href="#">Click or tap here to enter text.</a>	7.6

Quality Improvement Activity	Type of funds used for this activity. Check all that apply.	Other funds: describe	Related Section
g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory.	<input checked="" type="checkbox"/> i. CCDF funds	<a href="#">Click or tap here to enter text.</a>	7.7
	<input type="checkbox"/> ii. State general funds		
	<input type="checkbox"/> iii. "CARES Act" funds		
h. Accreditation Support	<input checked="" type="checkbox"/> i. CCDF funds	<a href="#">Click or tap here to enter text.</a>	7.8
	<input type="checkbox"/> ii. State general funds		
	<input checked="" type="checkbox"/> iii. "CARES Act" funds		
i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.	<input checked="" type="checkbox"/> i. CCDF funds	<a href="#">Click or tap here to enter text.</a>	7.9
	<input type="checkbox"/> ii. State general funds		
	<input type="checkbox"/> iii. "CARES Act" funds		
j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible.	<input checked="" type="checkbox"/> i. CCDF funds	<a href="#">Click or tap here to enter text.</a>	7.10
	<input type="checkbox"/> ii. State general funds		
	<input checked="" type="checkbox"/> iii. "CARES Act" funds		

### 7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a

QRIS. QRIS refers to a systematic framework for evaluating, improving, and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

7.3.1 Does your state/territory have a quality rating and improvement system or another system of quality improvement?

- ☐ a. No, the state/territory has no plans for QRIS development. If no, skip to 7.5.1.
- ☐ b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.5.1.
- ☒ c. Yes, the state/territory has a QRIS operating statewide or territory-wide. Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available. **The Arkansas Better Beginnings QRIS system is administered statewide through the Department of Human Services, Division of Child Care and Early Childhood Education .[www.ARBetterBeginnings.com](http://www.ARBetterBeginnings.com) Partners provide training, technical assistance, coaching, classroom environment and program administration assessment. Partners are AR State University Childood Services [www.chs.astate.edu](http://www.chs.astate.edu) University of AR for Medical Sciences [hccar@uams.edu](mailto:hccar@uams.edu) UA Early Care & Education Projects: <https://ecep.uark.edu> UA Cooperative Extension [www.uaex.edu/health-living/child-care-providers](http://www.uaex.edu/health-living/child-care-providers) AR Child Care Aware Resource and Referral Network [www.nwachildcare.org](http://www.nwachildcare.org), [www.ccana.org](http://www.ccana.org), [www.chs.astate.edu](http://www.chs.astate.edu), [www.np.edu/child-care-aware](http://www.np.edu/child-care-aware), <https://childcareawarecswa> UA College of Family Medicine <http://familymedicine.uams.edu/research-and-scholarly-activity/red/ecap>**
- ☐ d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis. Provide a link, if available. *Click or tap here to enter text.*
- ☐ e. Yes, the state/territory has another system of quality improvement.

7.3.2 Indicate how providers participate in the state or territory's QRIS or another system of quality improvement.

- a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.
  - ☒ i. Participation is voluntary.
  - ☒ ii. Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy or participation is mandatory for all licensed providers. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level). **Providers serving children receiving a**

**subsidy must participate in the QRIS system at a 2-star level. Providers are reimbursed at higher rates for achieving a higher rating.**

- ☐ iii. Participation is required for all providers.
- b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS or another system of quality improvement? Check all that apply.
- ☒ i. Licensed child care centers
  - ☒ ii. Licensed family child care homes
  - ☐ iii. License-exempt providers
  - ☒ iv. Early Head Start programs
  - ☒ v. Head Start programs
  - ☒ vi. State Prekindergarten or preschool programs
  - ☒ vii. Local district-supported Prekindergarten programs
  - ☒ viii. Programs serving infants and toddlers
  - ☒ ix. Programs serving school-age children
  - ☒ x. Faith-based settings
  - ☐ xi. Tribally operated programs
  - ☐ xiv. Other. Describe: [Click or tap here to enter text.](#)

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.3.3 through 7.3.6.

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- ☐ No
- ☒ Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
- ☒ a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system).
  - ☒ b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).

- ☒ c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
- ☒ d. Programs that meet all or part of state/territory school-age quality standards.
- ☐ e. Other. Describe: [Click or tap here to enter text.](#)

7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

☐ No

☒ Yes. If yes, check any links between the state/territory's quality standards and licensing requirements.

- ☒ a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
- ☐ b. Embeds licensing into the QRIS.
- ☐ c. State/territory license is a "rated" license.
- ☐ d. Other. Describe: [Click or tap here to enter text.](#)

7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.

☐ No

☒ Yes. If yes, check all that apply.

a. If yes, indicate in the table below which categories of care receive this support.

Financial incentive or other supports	Licensed center-based	Legally exempt center-based	Licensed family child care Home	Legally exempt care in the provider's home	In-home (care in the child's own home)
i. One-time grants, awards, or bonuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ii. Ongoing or periodic quality stipends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Higher subsidy payments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
iv. Training or technical assistance related to QRIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v. Coaching/mentoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
vi. Scholarships, bonuses, or increased compensation for degrees/certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



vii. Materials and supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii. Priority access for other grants or programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ix. Tax credits (providers or parents)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
x. Tax credits (providers or parents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Other: [Click or tap here to enter text.](#)

- 7.3.6 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. **The data indicating growth of QRIS by measuring percentage of providers participation and facility upward movement.**

#### 7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

- 7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

	Activities available to improve the supply and quality of infant and toddler care.	License d center- based	Legall y exem pt center- based	License d family child care home	Legall y exem pt family child care home	In- hom e care (care in the child' s own hom e)
<input type="checkbox"/>	a. Establishing or expanding high-quality community- or neighborhood-based	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Activities available to improve the supply and quality of infant and toddler care.	Licensed center-based	Legally exempt center-based	Licensed family child care home	Legally exempt family child care home	In-home care (care in the child's own home)
	family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe: <u>N/A</u>					
<input checked="" type="checkbox"/>	Establishing or expanding the operation of community- or neighborhood-based family child care networks. Describe: <b>The University of Arkansas Early Care and Education Projects (ECEP) Family Child Care Network (FCCN) is a staffed family child care network focusing on building capacity in Arkansas for family child care, starting with the existing registered and licensed homes. There is a significant gap between the high-quality centers funded through Arkansas' state-funded preschool and Head Start/Early Head Start and the low-quality, unregulated, and unsupported home providers. The FCCN will work to bridge that gap. The network aims to encourage unregistered and unlicensed providers to begin the licensure process and become a part of the growing number of family child care providers. As the FCCN grows and</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Activities available to improve the supply and quality of infant and toddler care.	Licensed center-based	Legally exempt center-based	Licensed family child care home	Legally exempt family child care home	In-home care (care in the child's own home)
	<p>develops, the opportunity for support increases. Need-specific resources are passed to network members through collaborative partnerships with national, state, and local agencies. Some of those collaborative partners include the Arkansas Child Care Aware Resource and Referral Network, Save the Children, Food Sponsors, Division of Child Care and Early Childhood Education (Better Beginnings, Licensing, Child and Adult Care Food Program (CACFP), Small Business Administration, and local Chambers of Commerce.</p> <p>The benefits of an FCCN drastically increase providers' level of quality in Arkansas and for the children and families served. The services of the FCCN to providers include:</p> <ul style="list-style-type: none"> <li>• Strengthening their business practices,</li> <li>• Enhancing their professional development with specialized training,</li> <li>• Increasing family engagement, and</li> <li>• Accessing special projects such as national accreditation.</li> </ul> <p>Over the next five (5) years, the goal is to increase the number of nationally accredited homes in Arkansas from two (2) to fifty-two (52). Ten homes have been chosen as project homes this year and are working their way through the accreditation process. The FCCN intends to add ten</p>					

	Activities available to improve the supply and quality of infant and toddler care.	License d center- based	Legall y exem pt center -based	License d family child care home	Legall y exem pt family child care home	In- hom e care (care in the child' s own hom e)
	<p>additional homes in the next four years and repeat the accreditation cycle.</p> <p>The Family Child Care Network is making strides in creating an environment that supports the providers' needs. Monthly meetings are conducted around topics that the providers have indicated are needed. Providing specialized training has created opportunities for the family child care providers to network and become acquainted with peers around the state. Helping one another in areas that they feel skilled and confident has created a ripple effect of mentoring from within the providers.</p> <p>A staffed FCCN for family child care providers across Arkansas will work to:</p> <ul style="list-style-type: none"> <li>• Increase the number of licensed and registered homes,</li> <li>• Increase the number of infant and toddler slots available, and</li> <li>• Elevate the level of quality in licensed and registered homes.</li> </ul>					
<input checked="" type="checkbox"/>	<p>b. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe:</p> <p><b>DCCECE offers quality training and professional development through competitively bid contracts. There is no charge to child care providers for these</b></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Activities available to improve the supply and quality of infant and toddler care.	License d center- based	Legall y exem pt center -based	License d family child care home	Legall y exem pt family child care home	In- hom e care (care in the child' s own hom e)
	trainings. These trainings are provided by various universities, nonprofit organizations, and educational cooperatives. In addition, DCCECE provides a website, the Arkansas Professional Development Registry (PDR), that features many of the offered professional development opportunities. Providers may register for these trainings through this site. This website also provides each participant with a complete history of all trainings he/she has taken.					
<input checked="" type="checkbox"/>	c. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists. Describe: <b>DCCECE offers targeted technical assistance to licensed child care facilities through competitively bid contracts. There is no charge to child care providers for this service. Providers may request specific trainings tailored to their needs. These trainings are provided by various universities, nonprofit organizations, and educational cooperatives.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	d. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.). Describe: <b>Early intervention for children under Part C of the Individuals with Disabilities</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Activities available to improve the supply and quality of infant and toddler care.	License d center- based	Legall y exem pt center -based	License d family child care home	Legall y exem pt family child care home	In- hom e care (care in the child' s own hom e)
	Education Act (IDEA) is administered by the DHS Division of Developmental Disabilities Services (DDS). DCCECE and DDS collaborate to ensure all children, including those 0-3 in age, are being served.					
<input checked="" type="checkbox"/>	e. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments. Describe: <b>Child Care providers serving infants and toddlers are required to develop and implement developmentally appropriate daily lesson plans. Daily lesson plans in the highest levels of the state's QRIS (Better Beginnings) must include all areas of development as defined in the Arkansas Child Development and Early Learning Standards: Birth to (60) Months. Administrators are required to complete an Environmental Ratings Scale (ERS) training and (45) clock hours. Within the first year of employment all staff must receive (30) hours of professional development and at least 50% of staff receive at least (45) hours or more. Facilities are required to score an average of 4.00 or higher on the ERS for each classroom reviewed and complete a self-evaluation using the applicable approved environment rating tools. To obtain and continue classification at one of the state's higher levels of the QRIS (Better Beginnings), programs are required to score at a</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Activities available to improve the supply and quality of infant and toddler care.	License d center- based	Legall y exem pt center -based	License d family child care home	Legall y exem pt family child care home	In- hom e care (care in the child' s own hom e)
	certain level on the ITERS and/or ECERS.					
<input checked="" type="checkbox"/>	<p>Developing infant and toddler components within the state/territory's child care licensing regulations. Describe:  <b>The state of Arkansas has Minimum Licensing Requirements specific to infants and toddlers. The following sections of these requirements include specific rules for infants and toddlers: Ratio, Behavior Guidance, Nutrition, Buildings, Sleep, Hand Washing, Toilet Facilities, Safety, Transportation, and Special Needs. These licensing requirements can be found at the following link: <a href="https://humanservices.arkansas.gov/wp-content/uploads/2020-CCC-Clean-Copy.pdf">https://humanservices.arkansas.gov/wp-content/uploads/2020-CCC-Clean-Copy.pdf</a></b></p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<p>f. Developing infant and toddler components within the early learning and developmental guidelines. Describe:  <b><i>The Arkansas Child Development and Early Learning Standards: Birth Through (60) Months</i></b> is a set of standards developed by the state of Arkansas for child care providers to use as a guide for the education and development of their children. These standards provide a set of common expectations for what children typically know, understand, and can do at different ages in early childhood. The standards are research-based; culturally and linguistically</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Activities available to improve the supply and quality of infant and toddler care.	License d center- based	Legall y exem pt center -based	License d family child care home	Legall y exem pt family child care home	In- hom e care (care in the child' s own hom e)
	appropriate; comprehensive; and are written with the understanding that children reach development milestones at different times. The standards are to be used to assist in developing age-appropriate learning goals for children, to support developmentally appropriate curriculum and assessment, and to outline a progression of development and learning that supports success in school and life. These standards do include specific targets for infants and toddlers. These standards can be found at the following link: <a href="#">AR-Early-Learning-Standards-2016-1.pdf (arkansas.gov)</a>					
<input type="checkbox"/>	g. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development. Describe: <b>The state of Arkansas has placed child care consumer education information at the following link:</b> <a href="https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/help-paying-for-child-care/">https://humanservices.arkansas.gov/divisions-shared-services/child-care-early-childhood-education/help-paying-for-child-care/</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	h. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



	Activities available to improve the supply and quality of infant and toddler care.	License d center- based	Legall y exem pt center -based	License d family child care home	Legall y exem pt family child care home	In- hom e care (care in the child' s own hom e)
	activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being. <b>DCCECE serves as a grantee for an Early Head Start-Child Care Partnership program. This partnership has increased the number of high-quality infants and toddler slots in Arkansas. DCCECE also plans to hire an Infant and Toddler Specialist who will oversee various activities related to that age group.</b>					
<input checked="" type="checkbox"/>	i. Coordinating with child care health consultants. Describe: <b>Healthy Child Care Arkansas (HCCAR) is a multi-disciplinary team of health professionals from the University of Arkansas for Medical Sciences (UAMS) whose aim is to improve the quality of children's health in early child care settings. HCCAR offers information and consultation to child care professionals using best practice recommendations in various topics related to the overall well-being of children. The HCCAR mission is carried out in three ways: 1. By providing live and web-based trainings on best practice standards recognized by experts in medicine and behavioral health; 2. By providing consultations to child care professionals and Child Care Aware agencies on issues related to children's health through a full-time Child Care Health Consultant available Monday through Friday; 3. By providing relevant and current health related information that is accessible through its</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Activities available to improve the supply and quality of infant and toddler care.	License d center- based	Legall y exem pt center -based	License d family child care home	Legall y exem pt family child care home	In- hom e care (care in the child' s own hom e)
	website in order to give up-to-date information about health and behavioral health issues that are important to all centers.					
<input type="checkbox"/>	j. Coordinating with mental health consultants. Describe: <b>DCCECE continues to fund and utilize the Behavior Help Program. Behavior Help is a statewide program used to assist child care providers in supporting children who experience challenging behaviors. The main goals of this program are to reduce suspensions and expulsions of young children and to enhance their social and emotional development. DCCECE has contracted with the University of Arkansas for Medical Sciences (UAMS) and Arkansas State University Childhood Services to provide mental health services through the Behavior Help program.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	k. Other. Describe: <a href="#">Click or tap here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 7.4.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures. **DCCECE uses Better Beginnings, a program designed to measure and improve the level of quality in child care and early childhood education programs across the state of Arkansas. Currently Better Beginnings has three levels of quality and is working towards adding three higher levels of quality during the next few years. Each of the current and proposed levels of quality have specific benchmarks that programs must meet to be classified at that level. For programs which serve infants and toddlers, one key component used to measure quality is the Infant and Toddler Environment Rating Scale (ITERS) assessment. DCCECE uses its data systems to monitor and evaluate the quality of services provided by programs which serve infants and toddlers. Additionally, DCCECE uses data to routinely instruct providers to amend their activities to meet identified goals.**

7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

- 7.5.1 What are the services provided by the local or regional child care and resource and referral agencies? **Child Care Aware Resource & Referral Agencies are set in different regions of the state. They provide Resource Lending Library for providers. They also deliver technical assistance and trainings on topics including pre-licensing, health and nutrition, emergency preparedness, infant/toddler quality, business management, and family engagement.**
- 7.5.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. **DCCECE contracts with five (5) agencies to operate the Arkansas Child Care Aware Resource and Referral Networks. Each contractor is required to submit detailed monthly reports to the state and to evaluate the effectiveness of their services. DCCECE monitors all contracts for fiscal responsibility, quality, and accessibility. Contractors, with input from the state, routinely adjust their services to meet provider needs.**
- 7.6 Facilitating Compliance with State Standards
- 7.6.1 What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety, and with state/territory licensing standards? Describe: **DCCECE provides technical assistance and training at no cost to the provider to help them to comply with all minimum licensing standards and other quality initiatives. DCCECE has contractors that provide on-site technical assistance / training visits as needed.**
- 7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?
- ☒ No
- ☐ Yes. If yes, which types of providers can access this financial assistance?
- ☐ a. Licensed CCDF providers
  - ☐ b. Licensed non-CCDF providers
  - ☐ c. License-exempt CCDF providers
  - ☐ d. Other. Describe: [Click or tap here to enter text.](#)

7.6.3 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. **N/A**

7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.7.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services in both child care centers and family child care homes currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children. **Program monitoring and review for compliance with QRIS standards, qualifications and professional development requirements, assessment of classroom environment using ERS and Youth Program Quality Assessment (YPQA), assessment of management practices using PAS and BAS.**

7.7.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.  
**Data indicating growth of QRIS by measuring percentage of provider participation and facility upward movement.**

7.8 Accreditation Support

7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- ☒ a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation. **Child care providers that are accredited through national accreditation systems are offered full or partial reciprocity for QRIS. Providers are given a one-time cash award upon certification.**
- ☐ b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers. Describe:  
[Click or tap here to enter text.](#)
- ☐ c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care. Describe:  
[Click or tap here to enter text.](#)
- ☐ d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide.
- ☐ ☐ i. Focused on child care centers. Describe: [Click or tap here to enter text.](#)

- ☐ ☐ ii. Focused on family child care homes. Describe: [Click or tap here to enter text.](#)
- ☐ e. No, but the state/territory is in the accreditation development phase.
- ☐ ☐ i. Focused on child care centers. Describe: [Click or tap here to enter text.](#)
- ☐ ☐ ii. Focused on family child care homes. Describe: [Click or tap here to enter text.](#)
- ☐ f. No, the state/territory has no plans for accreditation development.

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- 7.8.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. **Data indicating growth of QRIS by measuring percentage of provider participation and facility upward movement.**
- 7.9 Program Standards
- 7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for infants and toddlers, preschoolers, and/or school-age children. **Health: DCCECE Child Care Licensing & Accreditation has extensive Minimum Licensing Requirements regarding health issues. Providers are required to share information with families regarding medical homes for children, and to comply with all aspects of IDEA, including assisting in facilitation of services required to meet the special needs of the child.**  
**Mental health: Providers are mandated to refer children for services as needed.**  
**Nutrition: Training is provided by the division on how to meet these guidelines.**  
**Physical activity: DCCECE Child Care Licensing & Accreditation has Minimum Licensing Requirements that require (30) minutes per day of moderate to vigorous physical activity. The contractors have developed training that supports providers in this area.**  
**Physical development: Providers are required to share information with families regarding medical homes for children, and to comply with all aspects of IDEA, including assisting in facilitation of services required to meet the special needs of the child.**
- 7.9.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. **All CCDF participants are required to participate in Better Beginnings. DCCECE evaluates the process and monitors the number of participants, by star level, monthly. Contractors work closely with providers to assist them in achieving and maintaining higher quality.**
- 7.10 Other Quality Improvement Activities

- 7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe: **Communication and outreach to providers and families through public relations and media includes conferences, television appearances, online publications, radio interview, monthly newsletters, news releases, a proclamation, YouTube videos, social media, and blog posts. Family communication and outreach for families is in early childhood development in literacy, math, science, and value of quality learning environment. Provider communication and outreach covers the importance of earning, maintaining, and increasing, QRIS status and highlighting best practices. Data indicating growth of QRIS by measuring percentage of provider participation and facility upward movement. Data is collected indicating provider and parent outreach and traffic growth to online resources and social media.**

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity, and accountability apply to:

- Memorandums of understanding (MOUs) within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOUs, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF, such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures to Help Ensure Program Integrity

- 8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

- ☐ a. Verifying and processing billing records to ensure timely payments to providers.  
Describe: **All payments are processed electronically. The provider agrees to submit electronic billing within sixty (60) days of the date in which services are delivered to**



eligible clients. Facility attendance and billing records are reviewed and compared to DCCECE system reports to ensure the integrity of the use of CCDF funds. Any discrepancies which are found may result in an overpayment.

- ☐ b. Fiscal oversight of grants and contracts. Describe: **DCCECE has a director of finance that monitors all expenditures of CCDF funds. Additionally, the Department of Human Services has a team of Financial Shared Services to work on federal reporting and other federal requirements related to finance. DCCECE executes and maintains a written agreement with all CCDF sub-recipients. The written agreement includes our standard language, which indicates the terms of the agreement, the scope of services to be provided, requirements for payment, independence statement, prohibition for lobbying, confidentiality clause, record retention requirements, audit requirements, financial reporting requirements, as well as a termination and debarment clause to be utilized when any requirements of the agreement (including but not limited to those above) are not met or are violated.**
- ☐ c. Tracking systems to ensure reasonable and allowable costs. Describe: **DCCECE performs random audits of CCDF sub-recipients annually where expenditures of CCDF funds are reviewed to ensure they are supported and allowable.**
- ☐ d. Other. Describe: **DCCECE's Quality Assurance (QA) Team conducts a monthly audit where providers are randomly selected and required to provide attendance records and sign-in/sign-out sheets to support their billing. These records are reviewed to ensure the records support the billing for child care provided. If records do not reflect what was billed, providers may be provided technical assistance, may be reviewed further, and/or required to repay the funds to the state agency.**

8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program (98.68(a)(2)). Check all that apply:

- ☐ a. Conduct a risk assessment of policies and procedures. Describe: **The Division of Child Care and Early Childhood Education (DCCECE) CCDF Program regularly assesses the risk of its policies and procedures. DCCECE has created a Quality Assurance Unit (QA) whose sole responsibility is to constantly assess, recommend, and revise policy and procedures. In addition, DCCECE leadership regularly meets to discuss situations in which its policies and procedures were brought into question to assess whether revisions to those policies and procedures would be beneficial.**
- ☐ b. Establish checks and balances to ensure program integrity. Describe: **DCCECE has established the Quality Assurance Unit to collaborate with the Office of Program Integrity and Audit to ensure the integrity of programs. The QA unit is not responsible for performing any eligibility determinations, only for reviewing the work of others. DCCECE also segregates certain duties to other divisions who do not perform regular CCDF program administration. This segregation of duties assists with ensuring program integrity in the CCDF program. DCCECE uses the Finance Division located in Shared Services for receipt of CCDF funding, making payments to CCDF providers, as well as financial reporting to ACF.**
- ☐ c. Use supervisory reviews to ensure accuracy in eligibility determination. Describe: **CCDF Program Coordinators are required to review Family Support Specialists (FSS)**

case records monthly to ensure accuracy in eligibility determination. Program Coordinators will follow up with the FSS on areas that are identified as needing improvement. In addition, the Quality Assurance Unit also conducts random sample reviews to ensure case records are compliant with eligibility criteria. When areas are identified as needing improvement, the QA Unit meet with CCDF Program Managers to review and obtain corrective action.

☐ d. Other. Describe: [Click or tap here to enter text.](#)

8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

- a. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:
- ☒ i. Issue policy change notices. Describe: **Changes are shared with CCDF staff via email. Program Coordinators work with CCDF staff to ensure all changes are understood and applied correctly.**
  - ☒ ii. Train on policy changes notices. Describe: **DCCECE staff are consistently trained on the CCDF Procedure Manual. Program Coordinators review the case work of CCDF staff and retrain in any areas of concern. Updated manuals are posted on the DCCECE website and any updates or changes to the policies are shared with other agencies. Changes that affect TANF families are shared with DWS.**
  - ☒ iii. Issue new policy manual. Describe: **CCDF staff are trained on new policy manuals before they are effective. DCCECE Program Coordinators monitor staff to ensure changes are understood and applied correctly.**
  - ☒ iv. Train on policy change manual. Describe: **DCCECE staff are consistently trained on the CCDF Procedure Manual. Program Coordinators review the case work of CCDF staff and retrain in any areas of concern. Updated manuals are posted on the DCCECE website and any updates or changes to the policies are shared with other agencies. Changes that affect TANF families are shared with DWS.**
  - ☒ v. Ongoing monitoring and assessment of policy implementation. Describe: **DCCECE Program Coordinators review cases monthly to ensure all policies are understood and applied correctly.**
  - ☒ vi. Regular implementation meetings. Describe: **DCCECE Program Coordinators meet with CCDF staff monthly.**
  - ☒ vii. Other. Describe: **DCCECE conducts regular staff and child care providers monitoring to ensure compliance with child care policies and procedures, as well as, compliance with applicable federal and state guidelines and regulations. The QA Unit further reviews all policy and procedures and makes recommendations on process improvements. Once process improvements are identified, the QA Team works with the CCDF Staff on an implementation process. When conducting child care monitoring, the QA Team may provide additional training**

**and technical assistance on CCDF requirements.**

- b. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.
- ☒ i. Issue policy change notices. Describe: **DCCECE notifies child care providers, in writing, thirty (30) days before any policy or procedural change is effective. Annual mandatory training is provided online. Trainings are promptly updated to reflect any policy or procedural changes.**
  - ☒ ii. Issue new policy manual. Describe: **All CCDF providers in Arkansas are required to sign our CCDF Program Participant Agreement. DCCECE requires the provider and/or designee to complete a mandatory CCDF Program Participant Agreement online training and submit all required documentation for approval. After training completion, submission of all required documentation and approval, providers will be grant permission to accept CCDF funds. Annually, providers and/or designees are required to complete the online CCDF Participant Agreement refresher course and attend one face-to-face training once every twelve (12) months to ensure compliance and program integrity.**
  - ☐ iii. Orientations. [Click or tap here to enter text.](#)
  - ☒ iv. Training. Describe: **Providers who participate in the CCDF program must complete an online CCDF Participant Agreement refresher course and attend one face-to-face training once every twelve (12) months. If the provider fails to complete training, payments will be suspended until the training has been completed. In the event the mandated training is not completed within sixty (60) days after the training due date, the provider's CCDF Program Participant Agreement will be cancelled, and they will no longer be eligible to receive CCDF funds. If an Agreement is cancelled in this way, a new Participant Agreement will not be accepted for sixty (60) days after the cancellation date. Additional training may also be mandated upon return.**
  - ☒ v. Ongoing monitoring and assessment of policy implementation. Describe: **DCCECE conducts regular monitoring of providers to ensure adherence to policies and procedures as well as applicable federal and state guidelines and regulations.**
  - ☐ vi. Regular implementation meetings. Describe: [Click or tap here to enter text.](#)
  - ☐ vii. Other. Describe: [Click or tap here to enter text.](#)

- 8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe: **The Division of Child Care and Early Childhood Education has a stand-alone Quality Assurance Unit (QA) that regularly assess policies and procedures. The QA Unit continuously assess policies and procedures and provide recommendations to the CCDF Administrator and staff on possible changes and/or implementations to strengthen the operation of the program. In addition, DCCECE leadership regularly meets to discuss situations in which its policies and procedures were brought into question to assess whether revisions to those policies and procedures would be beneficial.**
- 8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.
- a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to identify and prevent fraud or intentional program violations. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.
- ☒ i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities: **DCCECE has access to and incorporates data from other programs within state agencies. This information is cross referenced when determining eligibility. Having access to other state agencies and program information allows DCCECE to better identify irregularities in attendance and/or billing patterns, as well as identify eligibility determinations that may have been made using inaccurate or incomplete data provided by the applicant.**
  - ☒ ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities: **DCCECE utilizes the Office of Information Technology to run reports to identify providers and clients who have indicators that suggest that an intentional or unintentional violation or administrative error may have occurred. The reports reflect potential violations/errors. Examples of the types of reports/data elements are noted in the bulleted list below:**
    - **System report identifying active cases with no authorizations;**
    - **System report identifying cases active over five years;**
    - **System report identifying cases over the new income limits;**
    - **System report identifying cases with no children;**
    - **System report identifying case managers;**
    - **System report identifying cases with an invalid address;**
    - **System report identifying the percentage of authorizations assigned to a provider approved by the same case manager; and**
    - **Comparison of the capacity of a child care provider to the number of children**

**they bill for.**

- ☒ iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: **DCCECE systems generate reports to assist with billing reviews and attendance information. Information from the reports can be compared to provider attendance and billing records. If errors are identified, they are investigated and can result in a provider/client overpayment, corrective action and/or termination from the Child Care Assistance program.**
- ☒ iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: **CCDF Program Coordinators are required to review Family Support Specialists case records monthly to ensure accuracy in eligibility determination. Program Coordinators will follow up with the FSS on areas that are identified as needing improvement. In addition, the Quality Assurance Unit also conducts random sample reviews to ensure case records are compliant with eligibility criteria. When areas are identified as needing improvement, the QA Unit meet with CCDF Program Managers to review and obtain corrective action.**

- ☒ v. Audit provider records. Describe the activities and the results of these activities: **Random facilities are audited each month. If errors are identified, they are investigated and can result in a provider/client overpayment, corrective action and/or termination for the Child Care Assistance program.**
  - ☒ vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: **The CCDF Program staff conducts training sessions on policy and procedures and how they are implemented. The scope and type of training selected is based on the needs of the staff member and is categorized into 3 main areas: (1) new hires, (2) existing staff, and (3) other divisions within and other agencies. New hires to the CCDF Program are fully trained on all policies and procedures and how to use the various systems that are integral to operate the program. Existing staff are given policy, procedure, and systems training based on the needs of those staff and through ongoing monitoring of areas that need improvement. Existing staff also receive full training on any new policies, procedures, and/or systems as well as any changes to those items. Other divisions and other agencies are given policy, procedure, and systems training based on their needs and roles. The Quality Assurance Team also conducts updates, as needed, on policy and procedure clarification and best practices to ensure that staff training needs are met in a timely manner. This training helps staff identify signs of intentional or unintentional program violations.**
  - ☒ vii. Other. Describe the activities and the results of these activities: **Department of Human Services (DHS) maintains an integrity hotline for all stakeholders, including the general public, to submit complaints. The information is published on the agencies website at: <https://humanservices.arkansas.gov/report-a-concern/>. Upon receiving a complaint, DCCECE will work with the CCDF staff to conduct an investigation to determine if a program violation or administrative error has occurred, and if so, whether any funds are due back to the Lead Agency. If the complaint reflects possibly intentional fraud or program violations, the Quality Assurance Team will work independently to conduct a thorough review of the program. The Quality Assurance Team will work with the Department of Human Services Office of Payment, Integrity, and Audit and appropriate departments and agencies to review all required information.**
- b. Check and describe all activities the Lead Agency conducts, including the results of these activities, to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations.
- ☒ i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities: **DCCECE has access to and incorporates data from other programs within state agencies. This information is cross referenced when determining eligibility. Having access to other state agencies and program information also allows to better identify irregularities in attendance or billing patterns, as well as identify eligibility determinations that may have been made using inaccurate or incomplete data provided by the applicant.**

- ☒ ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities: **DCCECE utilizes the Office of Information Technology to run reports to identify providers and clients who have indicators that suggest that an intentional or unintentional violation or administrative error may have occurred. The reports reflect potential violations/errors. Examples of the types of reports/data elements are noted in the bulleted list below:**
  - System report identifying active cases with no authorizations;
  - System report identifying cases active over five years;
  - System report identifying cases over the new income limits;
  - System report identifying cases with no children;
  - System report identifying case managers;
  - System report identifying cases with an invalid address;
  - System report identifying the percentage of authorizations assigned to a provider approved by the same case manager; and
  - Comparison of the capacity of a child care provider to the number of children they bill for.
- ☒ iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: **DCCECE systems generate reports to assist with billing reviews and attendance information. Information from the reports can be compared to provider attendance and billing records. If errors are identified, they are investigated and can result in a provider/client overpayment, corrective action and/or termination from the Child Care Assistance program.**
- ☒ iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: **CCDF Program Coordinators are required to review Family Support Specialist (FSS) case records monthly to ensure accuracy in eligibility determination. Program Coordinators will follow up with the FSS on areas that are identified as needing improvement. In addition, the Quality Assurance Unit also conducts random sample reviews to ensure case records are compliant with eligibility criteria. When areas are identified as needing improvement, the QA Unit meet with CCDF Program Managers to review and obtain corrective action.**
- ☒ v. Audit provider records. Describe the activities and the results of these activities: **Random facilities are audited each month. If errors are identified, they are investigated and can result in a provider/client overpayment, corrective action and/or termination for the Child Care Assistance program.**
- ☒ vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: **The CCDF Program staff conducts training sessions on policy and procedures and how they are implemented. The scope and type of training selected is based on the needs of the staff member and is categorized into 3 main areas: (1) new hires, (2) existing staff, and (3) other divisions within and other agencies. New hires to the CCDF Program are fully trained on all policies and procedures and how to use the various systems that are integral to operate the program. Existing staff are given policy, procedure, and systems training based on the needs of those staff and through ongoing monitoring of areas that need improvement. Existing staff also receive full training on any new policies,**

procedures, and/or systems as well as any changes to those items. Other divisions and other agencies are given policy, procedure, and systems training based on their needs and roles. The Quality Assurance Team also conducts updates, as needed, on policy and procedure clarification and best practices to ensure that staff training needs are met in a timely manner. This training helps staff identify signs of intentional or unintentional program violations.

- ☐ vii. Other. Describe the activities and the results of these activities:  
*[Click or tap here to enter text.](#)*
- c. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.
- ☒ i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities: **DCCECE has access to and incorporates data from other programs within state agencies. This information is cross referenced when determining eligibility. Having access to other state agencies and program information also allows us to better identify irregularities in attendance or billing patterns, as well as identify eligibility determinations that may have been made using inaccurate or incomplete data provided by the applicant.**
- ☒ ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities: **DCCECE utilizes the Office of Information Technology to run reports to identify cases that have indicators that suggest that an intentional or unintentional violation or administrative error may have occurred. The reports reflect potential violations/errors. Examples of the types of reports/data elements are noted in the bulleted list below:**
- **System report identifying active cases with no authorizations;**
  - **System report identifying cases active over five years;**
  - **System report identifying cases over the new income limits;**
  - **System report identifying cases with no children;**
  - **System report identifying case managers;**
  - **System report identifying cases with an invalid address;**
  - **System report identifying the percentage of authorizations assigned to a provider approved by the same case manager; and**
  - **Comparison of the capacity of a child care provider to the number of children they bill for.**
- ☒ iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: **DCCECE systems generate reports to assist with billing reviews and attendance information. Information from the reports can be compared to provider attendance and billing records. If errors are identified, they are investigated and can result in a provider/client overpayment.**
- ☒ iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: **CCDF Program Coordinators are**



required to review Family Support Specialist (FSS) case records monthly to ensure accuracy in eligibility determination. Program Coordinators will follow up with the FSS on areas that are identified as needing improvement. In addition, the Quality Assurance Unit also conducts random sample reviews to ensure case records are compliant with eligibility criteria. When areas are identified as needing improvement, the QA Unit meet with CCDF Program Managers to review and obtain corrective action.

- ☒ v. Audit provider records. Describe the activities and the results of these activities: **Random facilities are audited each month. If errors are identified, they are investigated and can result in a provider/client overpayment, corrective action and/or termination for the Child Care Assistance program.**
- ☒ vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: **The CCDF Program staff conducts training sessions on policy and procedures and how they are implemented. The scope and type of training selected is based on the needs of the staff member and is categorized into 3 main areas: (1) new hires, (2) existing staff, and (3) other divisions within and other agencies. New hires to the CCDF Program are fully trained on all policies and procedures and how to use the various systems that are integral to operate the program. Existing staff are given policy, procedure, and systems training based on the needs of those staff and through ongoing monitoring of areas that need improvement. Existing staff also receive full training on any new policies, procedures, and/or systems as well as any changes to those items. Other divisions and other agencies are given policy, procedure, and systems training based on their needs and roles. The Quality Assurance Team also conducts updates, as needed, on policy and procedure clarification and best practices to ensure that staff training needs are met in a timely manner. This training helps staff identify signs of intentional or unintentional program violations.**
- ☐ vii. Other. Describe the activities and the results of these activities:  
[Click or tap here to enter text.](#)

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

- a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney). **DCCECE will conduct random and targeted reviews by requesting attendance records via email and/or a letter mailed to providers. Facility attendance and billing records are reviewed and compared to DCCECE system. Any discrepancies are identified and a determination of the type of improper payment is made. Overpayments are established where warranted and collection efforts are conducted by DCCECE, and payments are submitted to Office of Finance for processing. If there are large irregularities and/or the agency suspect major fraud activity and/or misuse of funds, the lead agency, if needed, will submit the provider to the Office of Inspector General (OIG) for investigation. Improper payments will be reviewed and sent for collection efforts when applicable.**
- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description

how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

- ☒ i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities: **The CCDF Program requires all improper payments, regardless of dollar amount, to be submitted back to the agency. DCCECE will conduct random and targeted reviews by requesting attendance records via email and/or a letter mailed to providers. Facility attendance and billing records are reviewed and compared to DCCECE system. Any discrepancies are identified and a determination of the type of improper payment is made. Overpayments are established where warranted and collection efforts are made via 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> Notices of Fiscal Action that are sent via email and certified letter mailed to providers.**
- ☒ ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe the activities and the results of these activities: **Overpayments are established where warranted and collection efforts are made via 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> Notices of Fiscal Action that are sent via email and certified letter mailed to providers. If a provider does not make a payment after (90) days, the provider's account will be submitted for collection action to the Office of Finance, the CCDF Participant Agreement will be submitted to the CCDF Administrator for approval of disqualification of the provider and placement on the Arkansas Department of Human Services Exclusion List (ADHSEL). If there are large irregularities and/or the agency suspect major fraud activity and/or misuse of funds, the lead agency, if needed, will submit the provider to the Office of Inspector General (OIG). Improper payments identified from the individual recipients of subsidy will be reviewed and sent to the CCDF Program Coordinator for review and collection efforts.**  
**The collaborative efforts of the CCDF Program, Quality Assurance Unit, and Office of Finance have led to most funds being recovered.**
- ☒ iii. Recover through repayment plans. Describe the activities and the results of these activities: **When DCCECE is contacted by a provider who is requesting a repayment plan, a collection file is created and submitted to the Office of Finance (OFA). OFA will mail a Repayment Agreement for improper payments to the provider to obtain their repayment schedule and signature. All repayment agreements are established with/by OFA-Collections. Repayment Agreements cannot exceed twelve (12) months. Payment holds will not be placed on the accounts of providers who are making scheduled monthly payments and they may continue to bill CCDF for services.**
- ☐ iv. Reduce payments in subsequent months. Describe the activities and the results of these activities: [Click or tap here to enter text.](#)
- ☒ v. Recover through state/territory tax intercepts. Describe the activities and the results of these activities: **DCCECE partners with the Office of Finance and Administration – Accounts Receivable to intercept taxes in efforts to recover funds.**

- ☐ vi. Recover through other means. Describe the activities and the results of these activities: [Click or tap here to enter text.](#)
  - ☒ vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe the activities and the results of these activities: **DCCECE created a Quality Assurance Unit. This unit conducts investigations and reviews of child care providers who receive CCDF funding and clients who participate in the CCDF program.**
  - ☐ viii. Other. Describe the activities and the results of these activities: [Click or tap here to enter text.](#)
- c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:
- ☒ i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities: **The CCDF Program requires all improper payments, regardless of dollar amount, to be submitted back to the agency. DCCECE will conduct random and targeted reviews by requesting attendance records via email and/or a letter mailed to providers. Facility attendance and billing records are reviewed and compared to DCCECE system. Any discrepancies are identified and a determination of the type of improper payment is made. Overpayments are established where warranted and collection efforts are made via 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> Notices of Fiscal Action that are sent via email and certified letter mailed to providers.**
  - ☒ ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe the activities and the results of these activities: **Overpayments are established where warranted and collection efforts are made via 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> Notices of Fiscal Action that are sent via email and certified letter mailed to providers. If a provider does not make a payment after (90) days, the provider's account will be submitted for collection action to the Office of Finance, the CCDF Participant Agreement will be submitted to the CCDF Administrator for approval of disqualification of the provider and placement on the Arkansas Department of Human Services Exclusion List (ADHSEL). If there are large irregularities and/or the agency suspects major fraud activity and/or misuse of funds, the lead agency, if needed, will submit the provider's name to the Office of Inspector General (OIG). Improper payments identified from the individual recipients of subsidy will be reviewed and sent to the CCDF Program Coordinator for review and collection efforts. The collaborative efforts of the CCDF Program, Quality Assurance Unit, and Office of Finance have led to most funds being recover.**
  - ☒ iii. Recover through repayment plans. Describe the activities and the results of these activities: **When DCCECE is contacted by a provider who is requesting a**

repayment plan, a collection file is created and submitted to the Office of Finance (OFA). OFA will mail a Repayment Agreement for improper payments to the provider to obtain their repayment schedule and signature. All repayment agreements are established with/by OFA-Collections. Repayment Agreements cannot exceed twelve (12) months. Payment holds will not be placed on the accounts of providers who are making scheduled monthly payments and they may continue to bill CCDF for services.

- ☐ iv. Reduce payments in subsequent months. Describe the activities and the results of these activities: [Click or tap here to enter text.](#)
  - ☒ v. Recover through state/territory tax intercepts. Describe the activities and the results of these activities: **DCCECE partners with the Office of Finance and Administration – Accounts Receivable to intercept taxes in efforts to recover funds.**
  - ☐ vi. Recover through other means. Describe the activities and the results of these activities: [Click or tap here to enter text.](#)
  - ☒ vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe the activities and the results of these activities: **DCCECE created a Quality Assurance Unit. This unit conducts investigations and reviews of child care providers who receive CCDF funding and clients who participate in the CCDF program.**
  - ☐ viii. Other. Describe the activities and the results of these activities: [Click or tap here to enter text.](#)
- d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.
- ☒ i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities: **The CCDF Program requires all improper payments, regardless of dollar amount, to be submitted back to the agency. DCCECE will conduct random and targeted reviews by requesting attendance records via email and/or a letter mailed to providers. Facility attendance and billing records are reviewed and compared to DCCECE system. Any discrepancies are identified and a determination of the type of improper payment is made. Overpayments are established where warranted and collection efforts are made via 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> Notices of Fiscal Action that are sent via email and certified letter mailed to providers.**
  - ☒ ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe the activities and the results of these activities: **Overpayments are established where warranted and collection efforts are made via 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> Notices of Fiscal Action that are sent via email and certified letter mailed to providers. If a provider does not make a payment after (90) days, the provider's account will be submitted for collection action to the Office of Finance, the CCDF Participant Agreement will be submitted to the CCDF Administrator for approval of**

disqualification of the provider and placement on the Arkansas Department of Human Services Exclusion List (ADHSEL). If there are large irregularities and/or the agency suspect major fraud activity and/or misuse of funds, the lead agency, if needed, will submit the name of the provider to the Office of Inspector General (OIG).

Improper payments identified from the individual recipients of subsidy will be reviewed and sent to the CCDF Program Coordinator for review and collection efforts.

The collaborative efforts of the CCDF Program, Quality Assurance Unit, and Office of Finance have led to most funds being recovered.

- ☒ iii. Recover through repayment plans. Describe the activities and the results of these activities: **When DCCECE is contacted by a provider who is requesting a repayment plan, a collection file is created and submitted to the Office of Finance (OFA). OFA will mail a Repayment Agreement for improper payments to the provider to obtain their repayment schedule and signature. All repayment agreements are established with/by OFA-Collections. Repayment Agreements cannot exceed twelve (12) months. Payment holds will not be placed on the accounts of providers who are making scheduled monthly payments and they may continue to bill CCDF for services.**
- ☒ iv. Reduce payments in subsequent months. Describe the activities and the results of these activities: [Click or tap here to enter text.](#)
- ☒ v. Recover through state/territory tax intercepts. Describe the activities and the results of these activities: **DCCECE partners with the Office of Finance and Administration – Accounts Receivable to intercept taxes in efforts to recover funds.**
- ☐ vi. Recover through other means. Describe the activities and the results of these activities: [Click or tap here to enter text.](#)
- ☐ vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities: **DCCECE created a Quality Assurance Unit. This unit conducts investigations and reviews of child care providers who receive CCDF funding and clients who participate in the CCDF program.**
- ☐ viii. Other. Describe the activities and the results of these activities: [Click or tap here to enter text.](#)

8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

- ☒ a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities: **If a client has an improper payment, DCCECE will take the following action:**  
**\*The CCDF Program Coordinator will receive an improper payment referral from Family Support Specialist (FSS) as any improper payments are discovered.**  
**\*The Program Coordinator will complete the Case Head File Checklist and place the individuals on the FSU Case Head Overpayment Spreadsheet before submitting the**

file to the Office of Finance and Administration (OFA)-Accounts Receivable.

\*The Program Coordinator will submit a copy of the improper payment list to the FSU Program Manager, FSU Administrator or designee, OFA-Accounts Receivable, and Quality Assurance Team.

\*OFA may open a pending claim based on the list received from the Program Coordinator.

\*The Program Coordinator will submit the overpayment packet via email to OFA-Accounts Receivable for each cashed/recipient listed.

\*OFA-Accounts Receivable will handle files according to their policy and procedures.

\*OFA-Accounts Receivable will send repayment reports monthly.

- ☒ b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities: **If a payment is not received, a third notice of action is mailed to the provider providing them with another (30) days. If a provider does not make a payment after (90) days, the provider's account will be submitted for collection action to the Office of Finance, the CCDF Participant Agreement will be submitted to the CCDF Administrator for approval of disqualification of the provider and placement on the Arkansas Department of Human Services Exclusion List (ADHSEL).** \*Client will have seven (7) calendar days from one of the following: seven (7) days from the USPS first attempted delivery of certified mail; seven (7) days from the mailing date of regular mail; or seven (7) days from the delivery receipt of email or the actual receipt of the certified mail, whichever is earlier.
- \*Once appeal is received, the appeal hearing date notification will be mailed to client directly from Office of Appeals and Hearing (OAH).
- \*Appeal process shall be completed by OAH pursuant to *DHS Policy 1098*.
- \*Once a decision has been made, the OAH will notify the client in writing.
- \*If a decision was made to hold client liable for improper payment, the OAH will notify responsible parties.
- \*The Family Support Unit (FSU) designee will document the file regarding the decision.
- \*The Office of Finance and Administration (OFA) will continue pursuing collection of improper payments.
- \*If appeal was done in reference to provider or recipient being placed on Exclusion or Suspension list, OFA does not need to be notified of the OAH decision.
- \*If a decision was made not to hold client liable for improper payment, the FSU Program Coordinator will discuss decisions with supervisor, assistant director and/or director. The Program Coordinator or designee will document the file regarding the decision and notify OFA.
- ☒ c. Prosecute criminally. Describe the activities and the results of these activities: **The Director of the Division of Child Care and Early Childhood Education can make referrals to the Office of Inspector General (OIG) or additional agencies if there are large irregularities and/or the agency suspect major fraud activity and/or misuse of funds.**
- ☐ d. Other. Describe the activities and the results of these activities:  
Click or tap here to enter text.

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## Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey and/or ACF pre-approved alternative methodology and/or the narrow cost analysis. These waivers will be considered “extraordinary circumstance waivers” to provide relief from the timeline for completing the MRS and/or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology and/or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

- ☐ Appendix A.1: The Market Rate Survey (MRS) or ACF pre-approved alternative methodology (See related question 4.2.1.)
  1. Describe the provision (MRS or ACF Pre-approved alternative methodology) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision. [Click or tap here to enter text.](#)
  2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. [Click or tap here to enter text.](#)
  3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. [Click or tap here to enter text.](#)
- ☐ Appendix A.2: The Narrow Cost Analysis (See related question 4.2.5.)
  1. Describe the provision (Narrow Cost Analysis) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision. [Click or tap here to enter text.](#)
  2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. [Click or tap here to enter text.](#)
  3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. [Click or tap here to enter text.](#)